DR. GRACIE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86-2)

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M. D. or other

Date signed.

		CERTIFICA	TE OF DEATH Reg. Dia	t. No
1. PLACE OF DEATH: County. ALLEGANY City or town. CUMBERIAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 7. DAYS.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State	nd give nearest town)
3. (a) FULL NAM	E		3. (b) Social	Security Number
MR. FR	ANK E. AN	DERSON	232-1	09-0524
4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICAT	
MALE	WHITE	WIDOWED	as average Telephoteta trace to	1040 010 700
		CRSHBARGER 8.(c) It alive, give age yea	19 10 1	tended deceased from
7. Birth date of deceased (mo., day.	yr.) OCT. 2	1001	and that I last saw h	DURATION
8. AGE: Year 64	3	25 hrs. mir	With a allef	
	WEST VIRG		Co. Due to Community from	11
10. Usual occupation.	RIGGER FC	RMAN@CELANESE	Due to	***************************************
1t. Industry or busine 12. Name	CHORGE AN	DERSON	Dither conditions	
ad l	JANE WEE		(Include pregnancy within 3 months of death) Major findings of operations	
2 15. Birthplace	W.VA	•	Date of	
t6. Informant		HOSPITAL	Autopsy results	
Address 17	Western	Date there Old Man (year) Clus Md. Bork Md.	Where did injury occur?	wing; the of 2-11-46 (A) (State)
	01 1	10 10/ -	31-1	2 2

23. SIGNATURE.

Address....

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RECEIVED FEB 26: 1946
BULLAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore [3]-a]

01201

		CERTIFICAT	TE OF DEA	TH	Reg. Dist. No.	
1. PLACE OF DEA	Al	legany	(For newborn in	ENCE (HOME) On fants give residence of	mother)	
County Clip or fown. Cumberland City or fown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 27. Years			State Maryland county Allegany City or iown (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or	417. Broad	eath occurred:		(If rural, give	LOCATION)	
3. (a) FULL NAMI	E				3. (b) Social Secur	rity Number
4. Sex		Francis Ayers 6.(a)Single, married, widowed, or divorced	· ·	MEDICAL CI	705-09-607	6
Male	White	Married	20. DATE OF DEATH	February	23 1946	
6.(b) Name of husband	or wile Mary	Elizabeth Ayers			ove stated; that I attended	
7. Birth date of	***************************************		and that I last saw h 1.	mallre on F	26.22	19 4 6
deceased (mo., day, y	n.) Febr	uary 26 1884		eath		DURATION
8. AGE: Years	Months 11	Days It less than one day	Kuke	stances	d d	Gyod.
	farkleton,	Comerset County, Cause county, and state)	Due to.	deva.		
		uctor	Due to			
11. Industry or busines				••••••		********
FI		is M. Ayers	Other conditions			***************************************
		ersburg, W. Va.	(Inch	ude pregnancy within 3	months of death)	
# 14. Malden name.	Emle	y McClinic	11			
14. Malden name.		uence. Pa.				Marrie
		Elizabeth Ayers	il .			
		Cumberland, Md.	PHYSICIAN: Please	underline the cause to w	hich death should be char	
	ial , or removal, Which?)		Accident, suicide, or he		Dato o1	
		11 Crest Cemetery			(County)	
Location	Cumb	erland, Md.		Industry, public place (w	here?)	
		am H. Kight	Means of Injury	11 Pays	Injured at work?	the MI
Address Delr.	Cumberl -5 1946	and, Md.	23. SIGNATURE	berland	P. Not M	D. or other

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

(Date rec'd by registyar)

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MAR 5 1946

SHALLATI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Che	arles St., Baltimore 930
CERTIFICA	ATE OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County	Street No. Route & Williams Road (If rural, give LOCATION)
3. (a) FULL NAME Hmanda Baldwin	3. (b) Social Security Numb
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced 5.79/6	MEDICAL CERTIFICATION 20. DATE OF DEATH. FEBRUARY 11, 19 46
8. (b) Name of husband or wife	are and that I last say h
9. Birthpiace (Town, county and state) 10. Usual occupation.	
11. Industry or business 12. Name Harrison Baldwin 13. Birthplace More field, W. Vo 14. Malden name Melwind Mellon	(Include pregnancy within amonths of death)
14. Maiden name Melvind Melon 15. Birthplace Move field, W. Va.	Major findings of operations.

PLAINLY, vis especially Date thereof Francy 13,1946 (month) (day) (year)

(Date rec'd hy registrar)

t8. Funeral director.

22. VIOLENCE: If death was due to external causes, fill in the following; Where did Injury occur?

23. SIGNATURE

(City or town) injured at home, farm, industry, public place (where?)

Injured at work? Meane of Injury

PHYSICIAN: Please underline the cause to which death should be charged statistically.

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1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
		State Maryland County Allegany		1.Y		
		City or town Oldtown R	City or town Oldtown Rural (If outside city or town limits, write RURAL and give nearest town)			
		Street No. Rural near Oldtown (If rural, give LOCATION)		earest town)		

		2.(a) If veteran, name war		***************************************		
3. (a) FULL NA	ME Bertha	May B	eegle		3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	White	W	idowe d	20. DATE DF DEATH Feb. 12,		at P.
			Beegle	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended de	ceased from
7. Birth date of		6.(c) If alive, give ageyear	and that I last saw halive on		
deceased (mo., day	, уг.) Арт. 2	6, 18	83	Immediate cause of death		
8. AGE: Yes 62		17	If less than one day hrs. min	Voronary Occlus		
	Magnolia.	Md			••••••••••••	*****
9. Birthplace	Magnolia,	county, and st	tate)	Due to	••••••••••••••••••	***************************************
	Housev	vile				•••••
11. Industry or busin				Due to	***************************************	
M M	lose Twigg	7		-	***************************************	***************************************
13. Birthplace	Maryland	₹ [***************************************	Other conditions	***************************************	***
				(Include pregnancy within 3 m	nonths of death)	
14. Maiden name	Marvi	and		Major findings of uperations		
13. Billiplace						
16. Intermant	Earl Twig	g		Autopsy results no autopsy	***************************************	******************************
Address R.D	. #4 Cumb	erlan	d. Md.	PHYSICIAN: Flease underline the cause tu wh		
Buria Buria	1 on, or removal. Which? Davis A	Date there	Feb. 15,46	22. VIOLENCE: If death was due to external cause. Accident, suicide, or homicide	Date of	
Cemetery or crema	Cumberlan	d. Md	•	Where did injury occur?(City or town)		
Location	Charles	T Co.	~ ~ ~ ~ ~ · · · · · · · · · · · · · · ·			
			orge	Means of Injury	Injured at work?	
Address Cu	mberland,	Md.		D	11 1000	- n n x
10 Och. 1	5, 1946 egistrar)	1P	Franklin M. D.	23. SIGNATURE	H, WE CA	or other
(Date rec'd by r	registrar)	/	Registrar	Address Cumberland, Man	ryland Bate signed	2-13-46

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH; any County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Allegany City or town. Luke (If outside city or town limits, write RURAL and give nearest town) Street No. 335 Cromwell (If rural, give LOCATION) 2.(a) If veteran, name war.
Baby girl Bradley	
Female Single Sin	MEDICAL CERTIFICATION 20. DATE OF DEATH Feb. 15 19. 46 at 9. 20a m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Feb. 14, 1946.	and that I last saw h
8. AGE: Years Months Days thess than one day hrshrshrs.	Immediate cause of death DURATION The state of death DURATION DURATION
9. Birthplace Luke - Allegany - Md. (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name	Dther conditions
14. Malden name Cecelia Bradley 15. Birthplace Luke, Md.	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Irs. Samuel Bradley	Autopsy results
Address Luke, Md.	PHYSICIAN: Piease underline the cause to which death should be charged statistically.
17. Rurial (Burial, cremation, or removal, Which?) Cemetery or crematory Blooming ton, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Bloomington, Md.	Where did injury occur?
location Ellsworth S. Boal	Injured at home, farm, industry, public place (where?)
Address Westernportm Ma	GER TO
19. 2.1.16 19.46 Of Gayinke Bor M (Date rec'd by registrar) Registrar	Address Part United States Signed 2/14/4

FEB 18:1946
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01205

CERTIFICA	TE OF DEATH Reg. Dist. No4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State Maryland County Allegany City or town City or town limits, write RURAL and give nearest town) Street No. 401 Race Street (If rural, give LOCATION) 2.(a) If reteran, name war.
3. (a) FULL NAME	
John Thomas	3. (b) Social Security Number 705-05-4825
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 19 46 at 5 9.1
6.(b) Name of husband or wife harmonic file for the file of deceased (mo., day, yr.) — August 1873	and that I last saw b alive on 19.45
8. AGE: Year's Months Days If less than one dayhrsmin	Immediate cause of depth DURATION Survey Throubons Fields
9. Birthplace Grafton, W. Va. (Town, county, and state) 1D. Usual occupation B & O Railroad (Retired)	Due to.
11. Industry or business B & O Railroad	DUC IV.
12. Name Hugh H. Burns I 13. Birthplace Ireland	- Dther conditions
H 14. Malden name Anna Hanley 15. Birthplace Ireland	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Margaret Flemming Burns Address 401 Race St., Cumberland, Md.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Bate thereof, 11 February 19. (month) (day) (year) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cumberland, Maryland.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Louis Stein, Inc.	Means of Injury Injured at work?
Address Cumberland, Maryland.	00 / 1
19. Det 10, 19 46 J.P. Dranklin, M. A. (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address

Registrar Address.

FEB 20 1946 BUREAU V.S.

CERTIFICA	DEPARTMENT OF HEALTH arles St., Baltimore ATE OF DEATH Reg. Diat. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYIAND County CITY HOME CANY (If outside city or town limits, write RURAL and give nearest town) Street No. POTOMAC PARK RT. #5 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME PETF CENTOFONTI	3. (b) Social Security Number None
4. Sex 5. Color or race 8.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH FEB. 23
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death Durayio
9. Birthplace ITALY (Town, county, and state) 10. Usual occupation Coel Miner (Retired)	Bue to Beleary Culhone 8 da
11. Industry or business 12. Name VINCENT CENTOFONTI 13. Birthplace ITALY	Diher conditions
14. Maiden name Anna CONGIA 15. Birthplace ITALY	Major findings of uperations
16. Informant Joseph Centofonti	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Route 5, Cumberland, Md. 17. Burial Date thereof 2/26/1946 (month) (dsy) (year) Cemetery or crematory St. Peter and Pauls	22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or hamicide
Location Cumberland, Md,	tnjured at home, farm, Industry, public place (where?)
18. Funerat director. William H. Kight	Means of Injury Injured at work?
Address Cumberland, Maryland 18 Lt. 25, 19 46 J. P. Branklin, M. L. (Date rec'd by registrar) Registrary	23. SIGNATURE M. D. or other Address A Date signed 22.2



Within corporate ilmits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 46-6 CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The coof death clearly and legibly. (For newborn infantAgive residence of mother) State. ty or town limits, write RURAL and give nearest town) City or town town limits, write RURAL and give nearest town) How long in above place of death?..... outside city or Hospital, Institution, or street address where death occurred: Street No. (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 5. Color or race 4. Sex MEDICAL CERTIFICATION

item of in MARGIN RESERVED FOR BINDING Supply every it 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years If less than one day 66 ADING INK. Physicians: 10. Usual occupation. important. 13. Birthplace 14. Malden na 15. Birthplace PLAINLY, is especially

(Burial, cremation, or removal, Which?

18. Funeral director.

(Date rec'd by registrar)

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3. (b) Social Security Number 21. I CERTIFY that death accurred on the date above stated; that I attended deceased from DURATION Other conditions. within 3 months of death) (Include pregnancy PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Whara did Injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) ...

Means of Injury

23. SIGNATURE.

Address.

Injured at work?

M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0



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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother) State
3. (a) FULL NAME Isaac Coblent	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Walle Warred	MEDICAL CERTIFICATION 20. DATE DE DEATH. February 26 10.46 21.5:15 P. 10
6.(b) Name of husband or wife Auna Carrott 8.(c) If alive, give age 67 years	21. I CERTIFY that death occurred on the date above stated; that I altended deceases from
7. Birth date of deceased (mo., day, yr.) 8. AGF: Years Mosths Days If less than one day	and that I last saw h
8. AGE: Years Morths Days If less than one day 6 7 0 26hrsmin.	Contraction of the contraction o
9. Birthplace Pown, county, any take	Due to C
10. Usual occupation	Due 10
12. Name. Joshua Coblents 13. Birthpiace Frederick na	Dither conditions
14. Maiden name Sugar Smith. 15. 8irthplace Pew Dudiona	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Was Dood Cobleyla	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4 4 Codor State Mark Mark 17 March 2 1946 (Burlal, cremation, or removal. Wbight) Bate thereof. 17076 2 1946 (month) (day), (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. Meta Cemetery	Where dld lajury occur?
Location Mean Personal Judicina O.	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
Address Cumberland rud.	1 Cheloan mo
19. Okt. 27 19. 46 J. P. Bauklin, M. A. (Date rec'd by registrar) Registrar	Address Ber Dan Date signed

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MAR 5 1946
SURFAITS S

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, is especially

Address

Jeb. 27 (Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St. Raltimore

01209

M/D, or other

. Date signed

	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Allegany County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) 722 East Oldtown Road Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced 4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced Franklin Wright Davis 6.(b) Name of husband or wife Franklin Wright Davis 7. Birth date of deceased (mo., day, yr.) 9 February 1862 8. AGE: Years Months Days If less than one day	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death, occurred on the date above stated; that t attended deceased from 19
9. Birthplace Cumberland, Allegany Co., Md. (Town, county, and state) Housewife 11. tndustry or business 12. Name Charles A. Scott	Due to. Other conditions.
14. Malden name Margaret Dowden 15. Birthplace Maryland 18. Informat Bertrand J. Davis	(Include pregnancy within 3 months of death) Major findings of operations
Burial 27 FEB 1946 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory. Rose Hill Cemetery Location Cumberland, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide
18. Funeral director. Louis Stein, Inc. Cumberland, Md.	Means of Injury Injured at work?

Registrar

Address....

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MAR 5 1946 .
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2411 N. Charles St., Baltimore 780

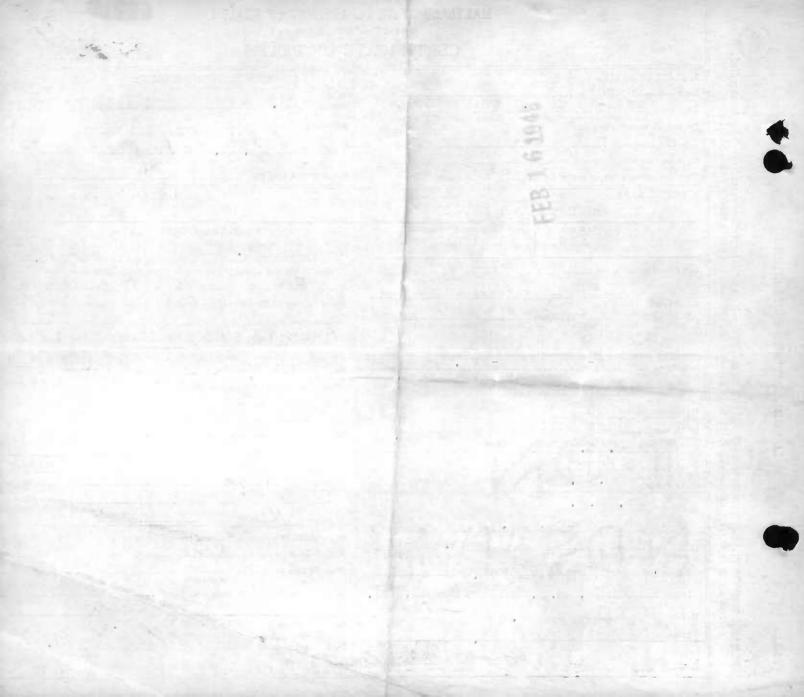
CERTIFICATE OF DEATH

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	4		No.	10
	Reg.	Dist.	No.	Y

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or town Rueal - 3 Mi E. Westernport, (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Md. County Allegany City or town (If outside city or town limits, write RURAL NEAR and give town) Street No. 3 Mi. E. Westernport (If rural give LOCATION)
Stay in hospital or inst. (yrs., or mos., or days) 26 yrs	(If rural give LOCATION) 2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME George Amos Davis	3. (b) Social Security Number
4. Sex Male 5. Color or race S.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION a 20. DATE OF DEATH Feb. 12 19 46 .015 4 79
6 (b) Name of husband or wife Lottie Davis ———————————————————————————————————	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from Feb. 10 19 46 to Feb. 12 19 46 and that I last saw h 1 22 ative on Feb. 10 19 46.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION Anemia - Progressive 1 Keor
9. Birthplace Davis-Pendleton-Wva. (Town, county, and state) 1D. Usual occupation Farmer	oue to Malnutrition and sending With sends demented 1 /ear
11. Industry or business Own farm 12. Name Miles Davis 13. Birthplace W. Va.	Other conditions
14. Maiden name Susan Lambert W. Va.	(Include pregnancy within 3 months of death) Major findings: Of operations AOUR Please underline the cause to which
16. Informant Mrs. G.A. Davis Address Westernport, Md.	Df autopsy None death should be charged statistically.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 15-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory Llewellyn-Cem. Location 3½ Mi. N.E. Westernport, Md.	Where did injury occur?(City or town) , (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Ellsworth S. Boal	Means of Injury Injured at work?
Address Westernport, 11d.	33. SIGNATURE Paul Brandon M. D.
19. Detered by registrar) 19. How the state of the state	Address Piedmont W. V. Date signed 56 b. 14, 1946

FOR BINDING MARGIN RESERVED

WRITE PLAINLY, PLEASE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CEDTICICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Ollegary	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (Loutside city or town ijmits, writ RURAD and five newtest town)
How long in above place of death? Hospilal, institution or street address where the above the specific street.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Laura Dawson	3. (b) Social Security Number
Fereale White Widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. F. L. 19.46 . at 3.44
B. (b) Name of husband or wife Joseph Dawson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) September 8, 1883	and that I last saw h A alive on
8. AGE: Years Months Days If less than one day 6.2 5 7	Dukells
9. Birthplace Darton (Cown, confty, and state)	Due to
1D. Usuat occupation	Due to
12. Name Ohu Skeuhoru	Other conditions
14. Maiden name. Ellen millor 15. Birthplace Marchand	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant	Actopsy results
Address Frontlying Md	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory. (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Where did injury occur?
Location Trostbyrg Md.	injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at-work?
19. 2 - 18. 1946 Nus- Kavey H- Page (Date ree'd by registrar)	23. SIGNATURE M/D. or other Address Date signed 2 -/6 -4

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33.

01212

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County			llegany	2. USUAL RESIDENCE (HON (For newborn infants give resid	ME) OF DECEASED:	
				State Maryland county Allegany		
					nberland, Lunal wunderland, Munal with limite, write RURAL and give nearest town)	
How long in above place (Hospital, institution, or	of death? street address where	death occurre	ers	II.		
			oital		ral, give LOCATION)	
How long in hospital or	Institution?	3 Days		2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
	R	achel I	icken		None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICA	AL CERTIFICATION	
Female	White		Married	20. DATE OF DEATH.	ebruary 26 19.46 at 1	
6.(b) Name of husband of	or wife	Lon Dic	ken	21. I CERTIFY that death occurred on the	date above stated; that Lattended deceased from	
			c) If alive, give age	May 3		
7. Birth date of deceased (mo., day, yr	J.	uly 28,	1872	and that I last saw in Aailve on		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	Taide 4day	
73	6	26	hrs min.	The last	a crac	
Plantales F1	intstone.	Allega	ny Co. Maryland	Cht mus	cardite	
	(Town	, county, and	state)	A		
10. Usual occupation		nouse W	ife	Oue to		
11. Industry or business		Own Hou		***************************************		
置 12. Name			ing	Other conditions		
13. Birthplace	Flint	stone 1	ld	(Include pregnancy w	Addition to the second second second	
14. Maiden name 15. Birthplace	Eli	za Jane	Writter		viting a months of death)	
15. Birthplace	F	lintsto	ne Md.		Date of op.	
	Preslev :	Dicken			Date of op.	
	t. 3. Cum			PHYSICIAN: Please underline the cau	se to which death should be charged statistically.	
				22. VIOLENCE: If death was due to ext	ternal causes, fill in the following;	
17				Accident, suicide, or homicide		
			orial Cemetery	Where did injury occur?(City or	(Connty) (State)	
			d, Md.	Injured at home, farm, industry, public place (where?)		
			Kight	Means of injury	Injured at work?	
Address		erland.			REVIEW	
2//		A	Plan bl. m	23. SIGNATURE	M. D. or other	
19. (Date rec'd by reg	7 19.4 (···· / E		Maddress 31 gleene	Date signed 2/27-4	

SAID

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAT TE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (442)

01213

Allegany

CERTIFICA	TE OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: Allegany County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother) Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 920 Piedmont Avenue (If rural, give LOCATION) World War II	
3.(a) FULL NAME John Walter Dilfer	3. (b) Social Security Number 217-18-4545	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION about 20. DATE OF DEATH. February 23rd., 19 46 at 5 A	
6.(b) Nams of husband or wife	f0 tof9	
24 0 27	Suicide by hanging Due to	
10. Usual occupation	Due fo	
Alvira Jones f4. Malden name	(Include pregnancy within 3 months of death) Major findings of operations. Dafe of op.	
16. Informant John Walter Dilfer Address 920 Piedmont Avenue, Cumberland, Md.	Actorsy results. NO autopsy PHYSICIAN: Please moderline the cause to which death abould be charged statistically.	
Burial Bate fhereof 26 FEB 1946 (Burial, cremation, or removal. Which?) Cemetery or crematory. St. Luke's Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Suicide Where did injury occur? Cumberland, Allegany, Md. (City or town) (County) (State)	
Location Cumberland, Md. 18. Funeral director. Louis Stein, Inc., Address Cumberland, Md.	Magaz of lainer at man en lation injured at work?	
18. (Date rec'd hy registrar) 19.46 J. C. Chauklin, M. Registra	Address Cumberland, Maryland Date signed 2-24	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01214

CERTIFICATE OF DEATH

eg. Dist. No.....

1. PLACE OF DEATH: Of the second	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County allegany
City or town	AD
How long in above place of death?	(Routside city or town limits, write RURAL and vive hyares town)
Hospital, Institution, or street address where death occurred:	Street No. 123 Whand Sk
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME A A A C	
Mollie Cichorn	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
to 1 look to married	A F
Simole white I factor	2D. DATE OF DEATH FERMING 3 1946 at 3 MM
8.(b) Name of husband or wife. Waller Ciclory	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Feel 3 1946, 10 Feel 3 1946
7. Birth dato of deceased (mo., day, yr.) March 10, 1888	and thet I last saw it less alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
57 9 24hrsmin.	Masonales Montres 10 hos
· Pilhologo Bordey Mine allogamy the Mo	C Due to.
9. Birihplace (Town, county, and state)	Seneral Seneral
10. Usual occupation Abruseum fe	Due to.
11. industry or business home	10-10-11-11-11-11-11-11-11-11-11-11-11-1
# 12. Name / Jaw Thorpe	Dither conditions
12. Name / aw Thorpe	
# 14. Maiden name Emmalas Karta	(Include pregnancy within 3 months of death)
5 700-0 1	Major findings of operations
E 15. Birthplace	Date of op
16. Informant Colored	Autopsy results
Address Trostlying Md	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?]	Accident, suicide, or homicide
(100) 11 (4)	Where did injury occur?
Cemetery or crematory	
Location Location	Injured at home, farm, industry, public place (where?) Means of injury Letured at wark?
18. Funeral director	Means of Injury Infured at Work?
Address Streething Md	MAM Lane So Mil
2-6 46 Jun House M. A-	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) 19. (Date ree'd by registrar) Registrar	Address Date signed 2 3 - 4 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (924)

01215

3. (b) Social Security Number

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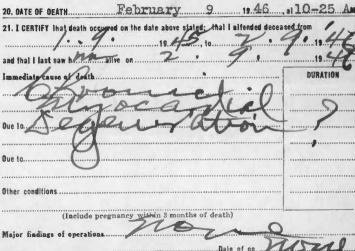
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CERTIFICATE OF DEATH

ľ	E OF DEATH	Reg. Dist. No.
	2. USUAL RESIDENCE (HOM (For newborn infants give reside	E) OF DECEASED:
	Stale Maryland	County Allegany
		erland n limits, write RURAL and give nearest town)
		n Centre St
	2.(a) If veteran, name war	

1. PLACE OF DEATH: Allegany Cumberland
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 30. Years Hospital, Institution, or street address where death occurred: Allegany County Infirmary How long in hospital or institution? 13 Months 3. (a) FULL NAME William Fansler 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex White Married Male 6.(b) Name of husband or wife Hulda Fansler B.(e) If alive, give age 73 7. Birlh date of August 8 1869 deceased (mo., day, yr.) If less than one day 8. AGE: Months 76hrs.min. 9. Birthplace Elkins, Randolph Co, West Virginia (Town, county, and state) 10. Usual occupation.... 11. Industry or business Adam Fansler 12. Name..... West Virginia 14. Malden na 15. Birthplace Judy Phillips 14. Maiden name..... West Virginia Mrs. Hulda Fansler PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 81 North Centre St. Cumberland. Md 22. VIOLENCE: If death was due to external causes, fill in the following:



MEDICAL CERTIFICATION

important. PLAINLY, is especially Dale Iherod | (month) (day) (year) Burial
(Burial, cremation, or removal, Which William H. Kight

18. Funeral director.....

Meens of Injury

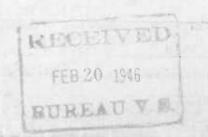
Where did injury occur?(City or town)

Accident, suicide, or homicide.....

Injured al home, farm, industry, public place (where?) Injured al work?

Cumberland, Md.

A15 NS



2411 N. Charles St., Baltimore (25)

Reg. Dist. No...

3. (b) Social Security Number

CERTIFICATE	OF	DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION) 2.(g) If veteran, name war.....

City or town Western part (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 28 V.P.S. Hospital, Institution, or street address where death occurred: Lynn, St. How long in hospital or Institution?.... 3. (a) FULL NAME Janet Henchelwood Fazenbaker 5. Color or race 6.(a) Single, married, widowed, or divorced White Widower Female B.(c) If alive, give age years 7. Birth date of Nov. 7, 1868 deceased (mo., day, yr.) It less than one day Days 8. AGE: 28 9. Birthplace Scotland (Town, county, and state) House-wife 1D. Usual occupation..... Own home 11. Industry or business Robert Wilson Scotland Margaret Henchelwood 14. Maiden name..... 15. Birthplace Scotland Albert Fazenbaker Westernport Md. 17. Burial
(Burial, cremation, or removal, Which?) Date thereof Feb 5 Philos Location Westernport Md. 18. Funeral director Fllsworth S. Roal

1. PLACE OF DEATH:

information of death cles

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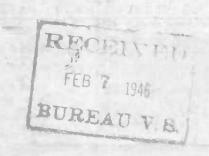
County Allegany

MEDICAL CERTIFICATION 20. DATE OF DEATH Jelous 3. 19.46 318:30 PM 21. I CEPTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw h er alive on Immediate cause of death Car gestin (Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, sulcide, or homicide..... Where did injury occur?(City or town) injured at home, farm, industry, public place (where?)

Westernport. Md.

Means of injury



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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conspecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore To-C.

01217

CEDTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If putaide city or town limits, write RUBAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Charles Lee Green	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
Male State Child	MEDICAL CERTIFICATION P. 20. DATE DF DEATH. February 5th., 19. 46 of 4.30 m
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) Synce 26 /978 8 AGE: Years Months Days If less than one day	Immediate cause of death
S. AUL.	Fractured skull at base;
e blight a land	ATTA OCTATORT ACTOON
9. Birthpiace Quanty (and state)	Due to killed instant
10. Usual occupation. Snowl	
11. industry or business	Due 10
= 12. Name Responded Co. Green	Other conditions multiple lacerations and
13. Birthplace moscow. and	brush burns (Include pregnancy within 8 months of death)
14. Malden name Cotella F. Parbinette	
14. Maiden name Catella F. Parlimette	Major findings of operations.
1911 1018 4111	Antopsy results no autopsy
16. Interment	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Smacinery Inc.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Quie thereot (month) (day) (year)	Accident, suicide, or homicide. a.c.c.ident. Oate of
Cemetery or crematory and Hill Coemeters	Where did injury occur? Lonaconing, Allegany, Md.
Location Mascon and	tojured at home, farm, industry, public place (where?) Street. his sled crashed into truck no
18. Funeral director M. Eichhorn	his sled crashed into truck no
Address Imagraning and	O was been and
10 20 11 10 50 51	23. SIGNATURE M. D. or other
19. The following the second of the second o	Address Cumberland, Maryland 2-6-46

9-45-15M

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PLEASE

Address..... Date signed .. Medical Examiner Allegany



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE 9.45

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

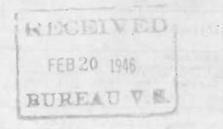
CEDTIFICATE OF DEATH

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Ua.

Allegany

CERTIFI	ICAIL OF DEATH Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbora lafants give residence of mother)
County Hilegary	
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 440 Pennay Ivania Ave.
B+O. R.R. near Virginia Hre.	(If rural/give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Name	3. (b) Social Security Number
Ellis ₄ Gurtler	705-09-3742
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
M W Morried	P
17 M MATTIEL	20. DATE OF DEATH February 9th 1846 21 6.40
8.(b) Name of husband or wife Jane Gurtler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A/A/A-11	7 19 to
7. Birth date of	and that I tast saw halive on
deceased (mo., day, yr.) Toly 2, 1885	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronary Occlusion
60 7 7hrs.	min.
9. Birthplace Magnolia, Morgan Co. W. Vo.	Due to.
(Town, county, and state)	
10. Usual occupation Brakeman	Due to
11. Industry or business BNO. T. T.	
	Dther conditions
10/11	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Steinbaugh	
0 -7 / "	Major findings of operations.
12 0 -1	Date of op.
16. Informant III Jane Builles	Antopsy results NO AULODSY
Address Combuland Teld.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 Burial (Burlat, cremation, or removal, Which?) (Burlat, cremation, or removal, Which?)	ear) Accident, suicide, or homicide
Cemetery or crematory Hillare st Cemel	
Location Cumberland, Md.	
18. Funeral director Thing S. No fire	Means of injury Injured at work?
Address Comebyland Tyd.	0
manufacture of the same of the	23. SIGNATURE TO LINE H. STUDOK TW.
19. Deb. 13, 1,46 J. P. Brankling	23. SIGNATURE TO LA DE M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-2

CERTIFICATE OF DEATH

	Reg. Ditt. No.	
1. PLACE OF DEATH: County ALL GARY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State PENIA. County UNIONTOWN (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution?	Street No. 38 Mc CORMICK AVE. (Ifrural, give LOCATION)	
3.(a) FULL NAME MR. ARLEY GUTHRIE	3.(b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE WHITE WIBOWED	20. DATE OF DEATH	
8.(b) Name of husband or wife EIMIA SHARTZER	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEB 6. 19.46 to FEB 13. 19.46	
7. Birth date of decased (mo., day, yr.) MARCH 14 / 8 6 /		
8. AGE: Years Months Days It less than one day	Immediate cause of death	
84 /8 29hrsmi	in Carcinoma Destato 4-5 yru	
9. Sirthplace	Due to	
10. Usual occupation. FARMER	Due to	
11. Industry or business	Due to.	
12. Name KRIS GUTHRIE		
13. Birthplace WEST VIRGINIA	(Include pregnancy within 8 months of death)	
ATTENDED		
TO THE PARTY OF TH	Major findings of operations	
	Date of op.	
16. informant MEMORIAL HOSPI TAI	Autopsy results	
Address CUMBERLAND, MD.		
17 Burial Bate thereof Set. 16, 1946	22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) (month) (ay) /(year)	Accident, suicide, or homicide	
Cemetery or crematory markleysburg Bym	Where did Injury occur?	
Location markleys burg W. Va.	Injured at home, farm, industry, public place (where?)	
8 4 114	Means of Injury Injured at work?	
Address Brandon ville Wora	23. SIGNATURE DEVOYA SOLDON PULL	
19. Feb. 14, 19 46 J. F. Granklin, M. Registra	M. D. or other	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

2411 N. Charles St., Baltimore

01220

	CERTIFICATE OF DEATH				
1. PLACE OF DEATH: County Cou	land (Kursl) land d give nearest town) - 9 5	Street No. 3648 W. 6	County Climits, write RURAL and give near	est town)	
3. (a) FULL NAME	a Haine		3. (b) Social Security 1 345-10-4		
4. Set 5. Color or race 6.(a) Single, married, m	widowed, or divorced	MEDICAL 2D. DATE OF DEATH LEL	CERTIFICATION	et 5	
6.(b) Name of husband or wife Florence Mc 6.(c) If alive, g 7. Birth date of 5.6.2 3		21. I CERTIFY that death occurred on the dat			
deceased (mo., day, yr.) Sept 6-1000	than one day	Immediate Ground death	mjocardi.	6m	
9. Birthplace	w, v-	Due to			
11. Industry or business Bescuit Sale		Due to			
14. Maiden name Betty M. Grad	orff v. Vm	(Include pregnancy with			
16. Informant Large R Goldon Address Belford Road Cumberl	land Med.	Autopsy results	***************************************	statistically.	
17. Buttel (Burial, cremation, or removal, Which?) Dale thereot. (m	eb 17,1946 month) (day) (year)	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	Date of		
Cemetery or crematory augusta Cem Location augusta w, oa	4.	Where did injury occur?(City or to injured at homo, tarm, industry, public place			
18. Funeral director W. W. Meste Address augusta, w. V	10-	Meens of Injury Office	Injured at work?	mi	
19. Tel. 14. 1946 J. P. Diac	uklii, M.D.	23. SIGNATURA	M.D.o. M.D.o. M.D.o. M.D.o. Date signed.		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940/

CERTIFICATE OF DEATH

Reg. Dist. No.

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in mante give residence of mother)
County allegany	State Md County allegany
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Gied in Car enroute to see Dr.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Urs Way Safrona	Haugh 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. marked, widowed, dedivorced	MEDICAL CERTIFICATION
Temale White Married	20. DATE DE DEATH Jet 17, 1946, et 1:00 PM
Edgar M. Haugh	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
6,(c) Nama of husband or wife 6.(c) If alive, give age years	Juce - 1 - 11 45 10 Feb 17 1996
7. Birth date of deceased (mo., day, yr.) Warch 25, 1883	and that I last saw h A allve on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATON ZURAS
62 10 22hrsmin.	- Culting from the
9. Birthplace 7 Ohio	Due to.
(Town, county, and state)	SEM SEM
10. Usual occupation.	Due to
11. Industry or business	
12. Name John J. Moreland	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ellen Youngblood 15. Birthplace	Major findings of operations.
80 74 7/2	Date of op.
18. Informant Co Co	Antopsy results
Address Oldlown ma	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory datown coulters	Where did injury occur?
Location Oldlown and	tnjured at home, farm, Industry, public place (where?)
18. Funeral director John J. Hafer	Meens of Injury Injured at work?
Address Celuberland Tud	All Muson all
20 46 0 P Man 6 1: m 1.	23. SIGNATURE
(Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Adores & Lesel Cerefullated Date signed 120/46



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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۲.	Dist.	No

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corporate limits		St., Baltimore 174	01222
l lect	CERTIFICATI	E OF DEATH	Reg. Dist. No.
How long in above place of death?	ite RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Coun City or town (if outside city or town limits, Street No. (if rural, give if a county)	ty
3. (a) FULL NAME Aurlin	John Hoe	benberry	3. (b) Social Security Number 168-03-1448
4. Sex 5. Color or race 6.(a)	Single, harried, widowed, or divorced	MEDICAL CE 20. DATE OF DEATH Fel 2 1	RTIFICATION 19.46.01.4:20.Pm
Type white white seesed (mo., day, yr.) 8. AGE: Years Months Days 6. O ZE	College B.(c) It allve, give age	21. I CERTIFY that death occurred on the date above	
7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days	3,1886	Immediate cause of death	
8. AGE: Years Months Days	3min.	Shock (probablyfrac, lu	
9. Birthplace East Waterland Y. S. C. S.	Junialta Co, la	Due to C. D. L. S. J. S.	
11. Industry or business	Mochenherry	Due to	
	Pa	(Include pregnuncy within 3 n	onths of deuth)
T) MULTH UNF 13. Birthslace 14. Maiden name	Pa	Major findings of operations.	
16. Informant Muss Onfolio	Toute 1	Autopsy results no autopsy PHYStCIAN: Please underline the cause to wh	ich death shootd be charged statistically.
F8 10.0	thereof Feb 25, 1946 (month) (day (year)	ACCIDENT, SUICIDE, OF NOMINGED CO	nt Date of 2-21-46 Le. Allegany. Md.
Cemetery or crematory Cooks	shing to.	Injured at home, farm, industry, public place (wh	(County) (State) ere?) .COal mine
	Hafte	Meene of injury fall of rock	
18. Funeral director. Address Curberla 19. Jell 23. 19.46	P. Franklin M. D.	23. SIGNATURE Cumberland, Ma	ryland Date eigned 2-22-46



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01223

	Aug.	CERTIFICAT	TE OF DEATH	Reg. Diat. No.
City or town	egany mberland If outside city or town li ace of death? or street address where ny Hospital i or instilution?		(If rural, give	unity Allegany anic St c LOCATION)
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		214-05-6303
Male	White	Divorced		ertification ary 17 19 46 19 5-30 A.
7. Birth date of deceased (mo., da 8. AGE: Ye	y, yr.) Decembers Months 2	Mamie Hoffman 8.(c) If ailve, give age 62 years 14, 1879 0ays If less than one day 3 hrs. min. Allegany Co, Maryland county, and atate)	21. I CERTIFY that death occurred on the date ab 2 9 19. and that I last saw h	2 / 17 1946 2 / 17 146 19
10. Usual occupation		Steward	Due to	
12. Name	Frede	rick W. Hoffman Germany	Other conditions	months of death)
15. Birthpiace		da Carnkly Germany	Major findings of operations.	
		ffman Ave, Akron, Ohio	Autopsy results	hich death should be charged statistically.
17. Bur	ial		22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date ot
Location	Cumberland,	Md.	Injured at home, farm, industry, public place (w	
18. Funeral director		. Kight d, Maryland	Means of Injury 23. SIGNATURE.	Injured at work?
19. Och (Date rec'd by	/8, 1946 registrar)	J. P. Hanklin, M. D. Registrar	Address Cuulula	M. D. or other Who we have signed 2/18/V6

VS A15

PLEASE

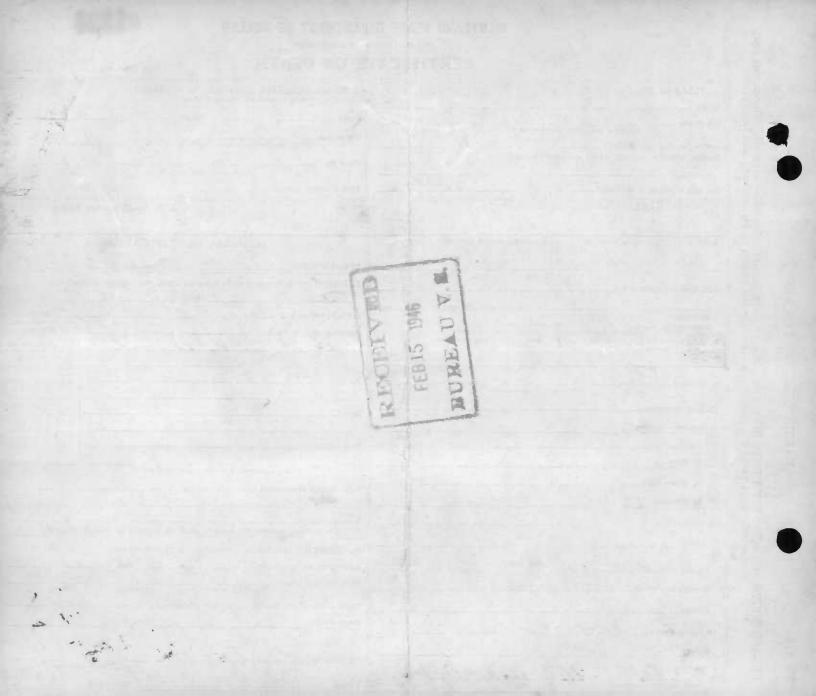
FEB 26 1946
BUREAU TERM

CERTIFICATE OF DEATH

	ATE OF DEATH Reg. Dist. No9
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother) State County City or town (If outside city or town limits, write/RURAL) and give mearest town) Street No. (If rural, give LOCATION)
How tong In hospital or institution?	2.(a) If veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, yidowed, or proceed	3. (b) Social Security Number MEDICAL CERTIFICATION
male white Celula	20. DATE OF DEATH Debugary 11 1946 at 12:30 PM
B,(ò) Name of hueband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that t last eaw head alive on
8. AGE: Years Monihs Days If less than one dayhrs	auti Enterition 2 Days
9. Birthpiace B. Court, and state)	2.c Due to
10. Usuat occupation.	Due to
11. Industry or business 12. Name Tagain Tagain	Diher conditions
13. Birthplace Mcrantgher Ind.	
14. Maiden name October 14. Maiden name	(Include pregnancy within 3 months of desth) Major findings of operations.
\$ 15. Birthplace Borde for Muney, md	Dafe of op.
16. informant Levis States Charles	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Carle My 2 Street trang mo	22. VIOLENCE: It death was due to externat causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Calsbarts Day of	injured at home, farm, industry, public place (where?)
18. Funeral director Quest Date	Means of Injury Injured at work?
Address Frestling Dyd	22 SIGNATURE MOMPLANE. FU MK
19. 2-12 19. 46 Mus. Lawey H. Ko	23. SIGNATURE. M. D. or other M. D. or other Address

MARGIN RESERVED FOR BINDING

VS A15



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WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BA

CERTIFICATE OF DEATH

01225 Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, How long in above place of death?.... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife .. 8.(c) If alive, give age 7. Birlh date of deceased (mo., day, yr.) DURATION Immediate cause of death If less than one day 8. AGE: Months Days 9. Birthplace ... (Town compty, and state) 1D. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace buso mo (Include pregnancy within 3 months of death) HOW 14. Malden nat 14. Malden name Major findings of operations 16. Informant... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof. Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Location Injured at work? Mssns of Injury 18. Funeral director. Address 23. SIGNATURE (Date rec'd by registrar)

(H) MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH Within corporate limits are a DR. ENFIELD 2411 N. Charles St., Baltimore 128 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) ALLEGANY State WEST VIRGINIACOUNTY MOS an (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: MEMORIAL HOSPTTAL (If rural, give LOCATION) 2.(a) If veteran, name war. World War III How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Wilbur Irvin 5. Color or racs 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING MALE WHITE SINCLE 20, DATE OF DEATH FEBRUARY TO 19 46, at 7 4 40 A M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... and that I last saw harmanalive on deceased (mo., day, yr.) Months It less than one day 8. AGE: RESERVED 10 10 44 9. Birthplace WEST VIRCINITA and state) MANAGER AMERICAN 10. Usual occupation. 11. Industry or business THEODORE KLINE 12. Name..... 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... WEST VIRGINIA E 15. Birthplace Date of op. PLAINLY. MEMORIAL HOSPITAL 16. Informant..... PHYSICIAN: Please underline the cause to which death should be charged statistically. CUMBERLAND. MD. Address 22. VIOLENCE: If death was due to external causes, till in the tollowing: Feb. 22 1946 Date thereot.... Buriel (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) Camp Hill Cemetery WRITE Cemetery or crematory...... (County) Paw Paw, W. Va. Injured at home, farm, Industry, public place (where?) Louis Stein. Inc. Meens of Injury 18. Funeral director..... Cumberland. Maryland. Address 23. SIGNATURE.

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FEB 26 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

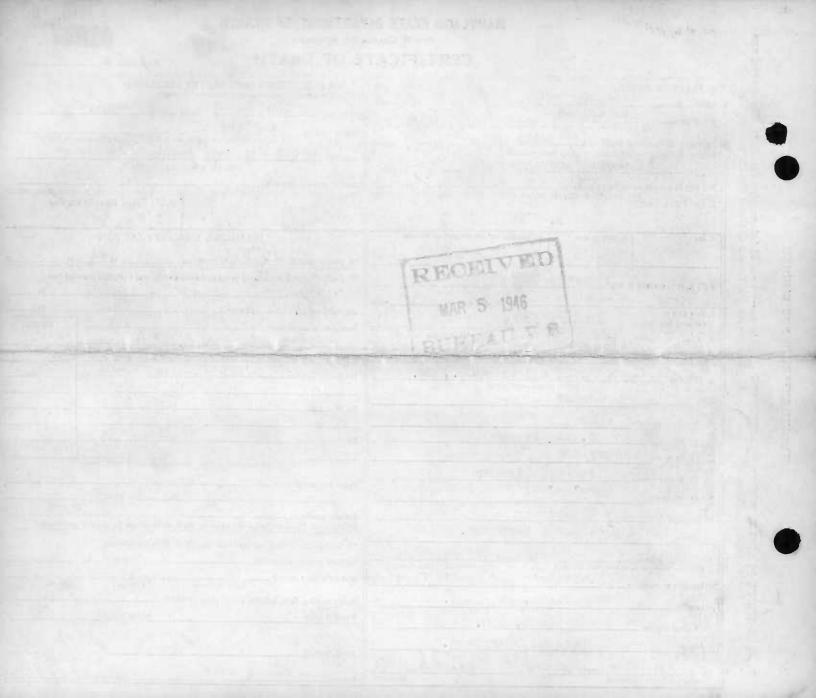
	01227
Reg. Dist.	No. 4

CERTIFICATE OF DEATH

					W	
1. PLACE OF DE	ATH: Allegany			2. USUAL RESIDENCE (HOME) O	F DECEASED:	100
County			Managland Allocana			
Cumberland City or town. (If outside city or town limits, write RURAL and give nearest town)						
How long in above place	66	vears	OATE and give heatest wown,	City or lown Clif outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, Institution, or	streel address where	death occurred	:	Street No. 614 Columbia		
614	Columbia	Avenue		(If rural, give		
How long in hospital o	r institution?			2.(a) If veteran, name war		====
3. (a) FULL NAM					3. (b) Social Security	Number
	FRANK A	A. KLOS	TERMAN		None	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		Married	20, DATE OF DEATH 22 Felmin	1946	, a1
6.(b) Name of husband	or wife Ire	ne Gome	Z	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended dec	eased Irom
		. (e) il alive, give ageyears	1 - 3 - 19.	Y.S, to	19
7. Birth date of		y 1880) IT SHAC' RIAC SEC	and that I last saw halive on	*****	19
deceased (mo., day,	7117		1 101	Immediate cause of death		
8. AGE: Year 66		Bays	if less than one dayhrsmin.	carge 6 m	cart feeline	2 flag
	basland	47700	1		ante en dic	34.
9. Birthplace	Town	county, and	any Co., Md.	Bue to		- July
	Groces			***************************************	********************************	**-
10. Usual occupation.	O		***************************************	Due to	4 = 2 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0	
11. industry or busines	ss Own				***************************************	
12. NameTh	omas A. K	Losterm	a n	Other conditions		***
₹ 13. Birthplace	Maryland			(Include pregnancy within 3	43 - 43 3 - 43 3	
04 63	Elizab	eth Sta	rner			
14. Malden name	Maryla	nd		Major findings of operations		
					Bate of op	
	arry Klos		•••••	Autopsy results		
Address	aVale, Lo	ng, Mar	yland.	PHYSICIAN: Please noderline the cause to w		statisticany.
December	1		25 PPD 10/6	22. VIOLENCE: !! death was due to external ca		
17 Buria		Dale ther	eol. 25 FEB 1946 (menth) (day) (year)	Accident, suicide, or homicide	Date of	
	St. Pe	ter's a	nd Paul's Cemeter	Where did injury occur?(City or town)	(County)	(State)
Gemetery or crema			aryland.	Injured at home, farm, industry, public place (v		(Deate)
Location				Means of Injury	Injured at work?	
18. Funeral director			Inc.)
Address	Cumber	land, M	aryland.	23. SIGNATURE	hims M	1)
A.l.	24 46	l t	Manklin M	D - 111	М. D.	or other
Date rec'd by r	egistrar)		Registrat	Address Any Mac		2-23-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			- /
	Dist.		4
67.	Dist.	No.	 Z

01228

,		CERTIFICA	TE OF DEATH Reg. Dist. No.	·····-7		
1. PLACE OF D	EATH: EGANY		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town(If	CUMBERIANT outside city or town line ce of death?	D. MD. mits, write RURAL and give nearest town) 6 DAMS	State			
ME	or street address where of MORTAL HOto or institution?	death occurred: SPITAL DAYS	Street No			
3. (a) FULL NA!		LAFFEY	3. (b) Social Secu	rity Number		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
MALE	WHITE	MARRIED	2D. DATE OF DEATH	LACHZ.OQ		
6.(b) Name of husban	of wife MARGA	RET DRISCOLL	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from		
7. Birth date of	****	6.(c) If alive, give agcyear	and that I last saw h	19.46		
8. AGE: Yes	i. yr.) DEG	Days If leys than one day	Immediate cause of death	DURATION / year		
9. BirthplaceW.	VA Rowl	estura county, and state)	Due to			
1D. Usuat occupation	RETIR	ED / Urs.	Due to			
12. Name	PATRICK L	AFFEY IRELAND	Other conditions Mutantones to Merk of the	¥ 3 mao		
	MARY GT	LMORE	(Include pregnuncy within 3 months of death)			
14. Maiden nam	TG dr. Friede Abendor der gelage * * * * * * Greek * galage * .	IRELAND	Major findings of operations			
	MEMORIAL J CUMBERLANI	HOSPITAL	Astopsy results	arged statistically.		
12	on, or removal. Which	701-23 1946				
Cemetery or crem	atory gunt	Shornes Cem	Where did injury occur?	(State)		
Location	Deppe	r, w.Va,	Injured at home, farm, industry, public place (where?)			
18. Funeral director	10 WOM	arkevood	Mesns of tnjury Injured at work?	}		
Address	Keyser,	W.Val.	23. SIGNATURE R Rhery Batchone 7			
19. Old.	20, 1946	J. P. Franklin, M. D. Registra	M	I. D. or other gned 2-20-46		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

RECEIVED.
FEB 26 1946

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

ARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87

01229

CERTIFICATE OF DEATH

Dia No. 4

	h 3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	
Cily or town	State 17d County Allegany
	City or 10wn The Caraber In ad (if outside city or town limits, write RURAL and give nearest town)
tow long in above place of death?	
Allegany County Infirmary	Street No. 119 Z.C. TON (If rural, give LOCATION)
How long In hospital or institution? 10 years	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Findley Leasure	More!
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W single	20. DATE OF DEATH February 18, 1946 of 1:20 P.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated: thet I attended deceased from
	June 29 1935 10 2.18-114
7. Birth date of	and that I last saw h. HML alive on 2. 16.
deceased (mo., day, yr.) October 10, 1866	Immediate cause of death
8. AGE: Years Months Days If less than ona day	Thursday 9
79 4 8hrsmin	1 10 2 3 10 70 2
Maruland	
9. Birthplace (Town, Junty, and state)	Due fo
10. Usual occupation	
	Due to.
ff, industry or business	
EL 12. Name William Leasure	Diher conditions
13. Birthplace Mary land	(Include pregnancy within a months of death)
14. Maiden name Mary Leasure 15. Birthplace Mary Land	hand later
15. Birthplace Mary land	Major/findiogs of operations.
-1/2/1-0	Date of op.
18. Informant HT/legary County Intimory	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cumberland, Md.	
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof Fary 1/94 (month) (may) (year)	Accident, suicide, or homicide
Cemetery or crematory Allegany County Cemetery	Where did injury occur?
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director John Jo Ho fire	Means of Injury Injured at work?
Address Englisher Hand Teld,	WI Will
20/20 11/ 8 0 21/ 10 500	23. SIGNATURE M. D. or other
19. Olk 20, 1946 Jos I. Chample, M. A	1 (11 10 D D) 70/0/10
19. Jell 20, 1946 Jos P. Sanklin M. A. Registra	M. D. Or other

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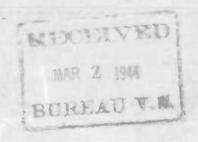
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

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01230	à	9
Dan Din No		7

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or lown	1501
How long in above place of death?	(It outside city or town limits, write RURAA and give nearest town)
Hospital Institution, or street address where death occurred:	Street No.
Minera hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	. (b) Social Security Number
6 mma douse de	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple white married	20. DATE DE DEATH FER 26 19.46, at 8 5 M
Causal Lill.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Feb 11 19 46 10 Fek 26 19 46
7. Birth date of	and that I last saw h & alive on Fef 26 1946
deceased (mo., day, yr.) lugusk LL, 1890	Immediate cause of death
8. AGE: Years Months Days If less than one day	Deskeles ?!
55 6 2hrsmin.	
9. 8irihplace Chlart allegany Cty Md	Due to Mes Albhules
(Town, county, and state)	Wes // ephrells
10. Usual occupation	Due to
11. Industry or business Trapilly	
12. Name Oseph Olowling 13. Birthplace	Diher conditions MUNICAL AND MARKET
13. Birthplace Dermany	(Include pregnancy within 3 months of death)
14. Maiden name Martha Wadd	
15. Birthpiaco Maryland	Major findings of operations
16 Informant James Billy	Antonsy results.
() m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address V VV Carrage 11 av.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Barial, cremotion, or remove. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Accidental Date of Felt 10146
Cemetery or crematory At Michael's Courselers	Where did injury occur?
Frather my	Injured at home, farm, industry, public place (where?)
Location Copy Copy Copy Copy Copy Copy Copy Copy	Means of Injury Injured at work?
18. Funeral director	9 9 9 9 9 9 9
Address / strustlying md	Moll Jane SV Mix
2-28 4/0 Sun Maine & An	23. SIGNATURE M. D. or other
(Date rec'd by registrar) 19. T. O. O. O. Registrar	Address that thing 1919 Date signed 2-28-46



information carefully. The coof death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

important.

PLAINLY, v is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

01231

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or town. Cumberland City or town limits, write RURAL and give nearest town) How long in above place of death? 80 years. Hospital, institution, or street addies where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 322 Pennsylvania, Avenue. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Sex 5. Color or rape 6. Single_married, widowed, or divorced	along 3. (b) Social Security Number
Male Martie Snamed 6.(b) Name of husband or wife South on the Sname of husband or wife South on the Sname of	MEDICAL CERTIFICATION 20. DATE DF DEATH
deceased (mo., day, yr.) 4 September 1881 8. AGE: Years Months Days If less than one day 84 5 15 hrs. min.	Immediate cause of death Oronary 19 hu
9. Birthplace Little Ofleans, Allegany Co., Md. (Town. county, and state) 10. Usual occupation. Watchman 11. Industry or business Warehouse, City of Cumberland.	Due to Myocurality Oue to Myocurality Due to Myocurality Oue to
12. Name Frederick D. Linaburg 13. Birthplace Maryland 14. Malden name Rosa Apple 15. Birthplace Maryland	Other conditions
16. toformant Julius C. Linaburg Address Cumberland, Maryland.	Antopsy results
17. Burial Date thereof Feb. 21, 1946 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Davis Memorial Cemetery Location Cumberland, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Louis Stein, Inc. Address Cumberland, Maryland. 19. Selv. 20, 19.46 J. P. Saukhin, M.A. (Date rec'd by registrar) Registrar	23. SIGNATURE 24. SIGNATURE MEG GEORGE M. D. or other Address Date signed

WRITE PLEASE

FEB 26 1945 BUREAU V.B. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 122.

CERTIFICATE OF DEATH

01232

P					*L
. 6	Reg.	Diat.	No.	*********	7

			CERTIFIC	ALE OF	DEATH	1 -	Reg. Diat. No	
County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) PENNA County HYNDMAN City or town (If outside city or town limits, write RURAL and give nearest town) Street No.			
								(If rural, give LOCATION) 2.(a) If veleran, name war
							3. (b) Social Securit	ty Number
						5. Color or race	8.(a)Single	, married, widowed, or divorced
FEMALE	WHITE		RRIED	20. DATE OF	FEBRUA			12:10
			LOGUE) If allve, give age	years and that I is	FY that death occurred on the	7-Pr	7 10 76 8	194
8. AGE: Years	Months	Days 13	It less than one day		ady.			
11. Industry or business	HOUSE W	IFE	Lecounty S	Due to	tions			
12. Name JOHNSON CLITES 13. Birthplace PENNA 14. Maiden name LOTTIE HOLLER 15. Birthplace PENNA					(Include pregnancy			**************************
16. Informant	16. Informant Douley Logue				Antopsy results			
17. Burial Dale thereof Feb. 1 (1946 (month) (day) (year)			Accident, s	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide				
Dry Ridge Dry Ridge, Bedford Countym Palocation Harvey H. Zeigler					home, farm, Industry, public		?)	
18. Funeral director		••••		Means of th	Jury On D	11	Injured at work?	
19. (Date rec'd by regi	0, 19 4 6		Isanklin M	23. SIGNAT	Oldmade.	ian o	M. I M. Date signe	D. or other ed 2-8. 4

FEB 20 1946 BUREAU V.B.



Within corporate limits.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 837

01234

Date signed.....

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Carriage	State Maryland County Allegany
(If outside city or town limits, write RURAL and give negreet town)	Cumberland
How long in above place of dealh?	(If outside city or town limits, wefte RURAL and gird nearest town)
Hospital institution, or street address where death occurred:	Street No. 97 3 Stallad St.
How long in Mospital or insposion? Three years,	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war.
margares (hm	Manuell 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Amale Mine Small	20. DATE OF DEATH FUN 16 1946, 21 8 - A M
6.(b) Name of husband or wife	21. I CERTUP that death occurred up the date above stated; that I attended deceased from
	CCt. 6 194/10 2. 16 19 46
7. Birth date of 27 Tan 1971	and that I last saw h. alive on
deceased (mo., day, yr.) 27 JULY 10/1 8. AGE: Years Months Days If less than one day	Immedia ause of death DURATION
74 6 19nrs. min.	& Jouth O menne /
New York, New York	Maria (a)
9. Birthplace, (Town, county, and state)	
10. Usual occupationNurse	Bus to
11. Industry or business	Due to.
單 12. Name James Maxwell	Other conditions terms les comes
In the state of	lext still (vel)
Margaret McCollough	(include pregnancy within 3 months of dearing)
Ireland 15. Birthplace	Major findings of operations.
16. Informant A. L. McCollough	Date of op.
223 Wallage St Aumhanland Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Auditess	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Burial Date thereof 18 February 194	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Cumberland Maryland	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
	Means of Injury Injury Injury Injury
18. Funeral director Louis Stein, Inc.	stend her.
Address Cumberland, Maryland.	23. SIGNATURE / Williams
19. Marketin, M. D. (Date rec'd by registrar)	M. D. or other
(Date rec'd by registrar) Registrar	Address. Date signed.

de Williams

RECEIVED FEB 26 1945 BUREAU V.S. ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibl

WRITE PLAINLY, WITH UNF, is especially important.

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

01235

CERTIFICA	TE OF DEATH Reg. Dist. No4	*************
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Allegany City or town Cumberland	state Maryland County Allegany	
(If outside city or town limita, write RURAL and give nearest town)		
How long in above place of death? 40 years.	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)	wn)
Hospital, Institution, or street address where death occurred:	Street No. 221 Independence Street	
How long in hospitat or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war	***********
3.(a) FULL NAME THANK R. Me	Oreary 3. (b) Social Security Number 214-05-88	F //
male White Androced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE	PP
8.(b) Name of husband or wife Bessel One Boy. 7. Birth date of Second S	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 19. 15. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	n 19.46
deceased (mo., day, yr.) 28 January 1887		DURATION
8. AGE: Years Months Days It less than one day 59 0 20hrs. min.	Immediate cause of death Dulam 2	dys
9. Birthplace Ellerslie, Allegany Co., Md. (Town, county, and state)	Due to. Corony Montons 21	whs
10. Usual occupation Handler		
11. Industry or business Transfer Business.	Due to	• • • • • • • • • • • • • • • •
H 12. Name Francis M. McCreary 13. 6irthplace Pennsylvania.	Dther condilions	
	(Include pregnancy within 3 months of death)	
14. Malden name Mary L. Gaster Pennsylvania	Major findings of operations.	************
might Living		
	Antopsy results	ally.
Address Cumberland, ONC. 17. Burial Date thereot 21 Feb. 1946	22. VIOLENCE: It death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	3
Cumberland, Maryland.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Louis Stein, Inc.	Means ot injury Injured et work?	
Address Cumberland, Maryland.	20 2 00 - 10	
28 h 20 46 OP Hand . M.	23. SIGNATURE O Slave My Deporture My D. or other	W,
(Dato rec'd by registrar)	Address 41 Julene Sof, Cambuloste, spred Tul	ry /9/91

Na Sehmeller

Editor A E

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore 96) CERTIFICATE OF DEATH

Reg. Dist.

U					4	P
No.	 	 	 00	••		Ì

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State J.J. A. A. County Challenge County
City or town	File & Some constitution of the state of the
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Muses Hospital	(If rural, give LOCATION)
How long in hospital or institution? 52 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
- Lrawks Muletz	213-09-6418
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH FEK 3 19/6 , 27/39 PM
3 m. l.t	21 I CERTIFY that death occurred on the date above stated; that I attended byceased from
B.(b) Name of husband or wife	Del 21 1943 10 Fel 13 1946
7. Birth date ot	and that I last saw bern alive on Fell 13 18.4.6
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	immediate cause of team
<1 2 7hrsmin.	Ceneurism of all
-die and '	- Il asta month
9. Birthplace	Due to.
10. Usual occupation.	Due to.
11. Industry or business a Coal mines	Due to.
# 12. Name Oceah muletz	Dther conditions.
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Malden name Alaphacotto	Major findings of operations
15. Birthplace	Date of op.
18. Interment Prancis Halve	Autopsy results
O V V	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Scholar Ma	_22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which (Real)	Accident, suicide, or homicide
XI m	Where did injury occur?
Cemetery or exemptory	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director	Means of Injury Injured at Wolk?
Address 1 5 wed burg md	mamc/ Ilms
Audiess	23. SIGNATURE M. D. or other
19. 2-15 19 46 Mus slawy 12 Xa	Fasting Will A-14-14
(Date rec'd by registrar) Registrar	Address Date signed



WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ties

01237

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF OFATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitaty institution, or sized address warre death occurred: Challes (A)	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State
3.(a) FULL NAME John K.Muncie	3. (b) Social Security Number 212 - 12 - 8317
mile Minte Ingle Mored	MEDICAL CERTIFICATION 20. DATE OF DEATH February 20th
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19
8. AGE: Years Months Days If less than one day 3. 4 hrs. min. 9. 8irthplace Bury (Jown county, and state)	Coronary Occlusion Due to
10. Usual occupation	Due to
14. Maiden name lighteth Kelly 15. Birihpiacs 16. Informant Muss Chyslich Christians 16. Informant Muss Chyslich Christians	(Include pregnancy within 3 months of death) Major fiadings of operations. Date of op. Antopsy results. NO. 8ULOPSY. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. (Burial, cremation, or removal Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Brad Brades Stephen St.	Injured at home, farm, Industry, public place (where?) Meens of Injury 23. SIGNATURE M. D. or other Cumberland, Maryland Date signed Date signed

FEB 26 1946 BURLAU OR VILLE COPPORED PHINLYILSON

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

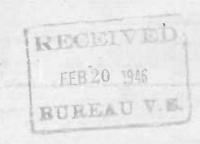
2411 N. Charles St., Baltimore

0123

CERTIFICATE OF DEATH

. Diat. No.

/	CERTIFICAT	E OF	DEATH	Reg. Dist. No	<i>7</i>
1. PLACE OF DEATH: CountyALLEGANY		2. USUAI	L RESIDENCE (HOME) newborn infants give residence	OF DECEASED: of mother)	
Cily or town CUMBERLAND MD (If outside city or town limits, write RU	IRAL and give nearest town)	11 .	MARYLAND	TELLICIAN CATTAIN	s . g000000000000000000000000000000000000
How long in above place of death?		City or town	GUMBERI AND (If outside city or town lin 32 MARION	nits, write RURAL and give no	arest town)
MEMORIAL HOSPITAL		l ottoet no		rive LOCATION)	
How long in hospital or institution?	***************************************	2.(a) If vete	eran, name war		
3. (a) FULL NAME Justus MR. MTCHAEL TNAUGHTON				3. (b) Social Security 705-10-6	
4. Sex 5. Color of race B.(a)Single,	married, widowed, or divorced		MEDICAL	CERTIFICATION	
MALE WHITE S	INGLE	20. DATE OF	DEATE:EBRUARY I	0 I946 19	50' A . M .
6,(b) Name of husband or wife			Y that death occurred on the dale	above stated; that Lattended dec	essed from
T. Birth date of	If allve, give ageyears	and that I la	st saw handlive on		19.4%
deceased (mo., day, yr.) 8. AGE: Years Months Days	1 If less than one day	Immediate	cause uf death	9	DURATION
o. Add.	hrsmin.	car	him the	muss.	
43 MARYLAND Mr. S.	anna a alle a Ca				
9. Birthplace (Town, county, and sta	ate)	Due 10			0.000.00.000.000.000.000
0. Usual occupation	(CLERK)	Due	7 ميلوط هسمير	H-p'	7/5/4
E 12. Name EDWARD NAUGHT	ON	Other conditi	lons		***
Z 13. Birthplace MARYLAND, Cu	imberland		(Include pregnancy within	9 months of death)	
# 14. Maiden name	TENT CHILD THE		ugs of operations		
14. Maiden nameFRANCES GRAB 15. Birthplace MARYLAND	anderland	Majur nagu		Date of on.	
16. Informant WARGARET NAUG	HTON	Autopsy res	mits		
Address 32 MARION ST. CI	TY	PHYSICIAN	i: Please underline the cause to	which death should be charged	statistically.
17 Burial Date thereo	. Heb. 12 1946		NCE: If death was due to external	causes fill in the following:	15-146
(Burial, cremation, or removal. Which?)	(month) (day) (year)	1	icide, or homicide	Date of	well
Cometery or crematory	1 auls em	Where did in	njury occur?(City or town	n) (County)	(State)
Location Cumberla	& ond		ome, farm, industry, public place		
18. Funeral director	ep)	Meane of la	ury free or Ju	Injured at work?	
Address Centroeslas	id Ind.		clays.	Lucio	4
Jeh 11 116 29	Franklin m. h	23. SIGNATI	URE	M. D	or other
19. (Date rec'd by registrar)	Registrar	Address.	mber 12	Date signed	10/46



health the mist make the first order.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

(159)

01239

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF	DEATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:		
Gounty	umberland		•••••••••••••••••	State West Virginia Cour			
(If outside city or town limits, write RURAL and give nearest town)				City or town (If outside city or town limits, write RURAL and give nearest town)			
Now long in above a	ace of death?	ix hou	013	City or town(If outside city or town limits	, write RURAL and give neares	t town)	
Hospital, Institution	or street address where	death occurre	d:	Street No.			
				(If rural, give	LOCATION)	1	
How long in hospita	l or Institution?	IX HOUL		2.(a) If veteran, name war			
3. (a) FULL NA	ME	Λ	D	0	3. (b) Social Security Nu	ımber	
-	aby boy Nef	f, Ja	mes kayn	nond	Hone		
4. Sex	5. Color or race	6/4)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	317	nle	20 DATE OF BEATH February 22	146	.9: A	
2.020	1111200	-	7	20, DATE OF DEATH			
6.(b) Name of husb	and or wife			21. I CERTIFY that death occurred on the date abo		1046	
	*************************	6.0	(c) It alive, give ageyears	July 22 11	7. 2. 10. 10. 16		
7. Birth date of	ay, yr.) Februar	y 22. 1	1946				
	ears Months	Days	If less than one day	Immediate cause of death		DURATION	
			Six hrs. min	1/12 1	itu'		
Ca	A brainedm	1100mm	Co., Maryland		J	*****************	
9. Birthplace	(Town	n, county, and	atate)	Due to		····	
AD Houst seemeli	on Infan					,	
		7	***************************************	Due to			
11. Industry or bus	car R. Nef	f				*****************************	
里 12. Name		/		Other conditions		*******************	
	Me Allist	er, 01	419.	(Include pregnancy within 8 r	nonths of death)		
14. Maiden na 15. Birthplace	Georgia			Major findings of operations			
LOW 15 Richarde	West Vir	ginia		major nadiugs of operations.			
		71.1	1				
16. Informant	Oscar	1	_ /	Autopsy results	nich death should be charged sta	abstically.	
Address of	T. ashh	4,100	, Va,	22. VIOLENCE: If death was due to external cau			
17 Buri	tion, or removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide			
		///	_ / '				
Cemetery or cre	matory T Hat	401	emetery	Where did injury occur?			
Location	t. Ashby	W. V.	<u>a 1 </u>	Injured at home, farm, Industry, public place (w	1		
18. Funeral direct	1 17	1.14	Suc	Means of Injury	Injured al work?		
-N O	// 0//	0 10	/	0 0	0 0 - 0		
Address	delet tight	and)	fift.	23. SIGNATURE Blove Mr.	A lender		
in Tel.	23 1946	2 X	P. Osavelin M.	D. Complete	M. D. or	other	
(Date rec'd b	y registrar)		Registra	Address L	Date signed T.	W 19/ 04	

RECETVAND MAR 5 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

111910

CERTIFICATE OF DEATH

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				Reg. Disc. No		
1. PLACE OF DE.		Alle	rany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town(If o	Cumber	rland	RURAL and give nearest town)	State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospitai, Instilution, or	street address where 39 Indepe	ndence	ed: St	Street No. 139. Independence St (If rural, give LOCATION)		
How long in hospital or	institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM		C	Pearce	3.(b) Social Security None	Number	
4. Ssr	5. Color or race		gle, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Widow	20. DATE OF DEATH February 5 1946	at 7-40 Pr	
6.(b) Name of husband 7. Birth date of deceased (mo., day,)		6	(c) If alive, give ageyea	21. I CERTIFY that death occurred on the date above stated: that I attended dece 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	5 19 2/6 19 2/2	
8. AGE: Years	Months	Days	if less than one day	Lobar Prenemond		
88	9	16	hrs mi	n.		
	(Town	, county, and	Duty	Due to		
	John F		on	Other conditions		
~!	Mary	Dawso	n	(Include pregnancy within 3 months of death) Major findings of operations.		
₹ 15. Birthniace	Daw	son. M	d.	Date of an		

MARGIN RESERVED FOR BINDING

PLAINLY, V WRITE

WITH UNF

Cumberland, Md.

17. Burial
(Burlal, cremation, or removal, Which?)

Mrs. Edith Grose

Hill

Address 139. Independence St, Cumberland, Md.

Date thereof.....

Crest Cemetery

Cumberland, Md.

2/8/46 (month) (day) (year)

Injured at work?

PHYStCIAN: Please underline the cause to which death should be charged statistically.

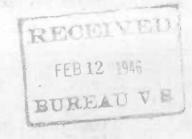
22. VIOLENCE: if death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Injured at home, farm, industry, public place (where?)

Where did injury occur?(City or town)

Meens of injury



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

01241

orrect age	2411 N. Cha	DEPARTMENT OF HEALTH Orlea St., Baltimore TE OF DEATH Reg. Dist. No. 4
information carefully. The corror of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
	Anna Catherine Virginia Price 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
FOR BINDING y every item of i	Female White Widow 6.(b) Name of husband or wife Charles J. Price 6.(c) If alive, give age year.	2D. DATE OF DEATH. February 8 19.46 at 10-30 Pm 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
Supply lease wr	deceased (mo., day.yr.) March 31 1857	—
MARGIN RESER NFADING INK. at. Physicians: p	10. Usual occupation	Due to.
WITH UNFA	12. Name Solomon S Haugh 13. Birthpiace Alexandri, Va 14. Maiden name Anna Catherine Colegate 15. Birthpiace Alexandri, Va.	(Include pregnancy within 3 months of death) Major findings of operations.
PLAINLY, WI is especially im	18. Informant Mrs. J. M. Phillips Address 420. Avirett Ave. Cumberland. Md	Autopsy results
9.45.15 WRITE	Cemelery or crematory. St. Lukes Cemetery Location Cumberland, Md.	Accident, euicide, or homicide
VS A15	18. Funeral director. William H. Kight. Address Cumberland, Md. 19. Del. // 1946 J. P. Drauklin M. Registra	23. SIGNATURE Blome M. Schwiller M. D. or other M. D. or other Address 4 Green Ly and Individual Signed Films 14/444

of the forestern being on the

HEAD TO STATE OF

FEB 20 1946 BURLEAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

01242

Date signed 2 - 24-46

corporate limits		2411 N. Cha	DEPARTMENT OF HEALTH Irles St., Baltimore 159 TE OF DEATH Reg. Diat. No	<u> </u>
County	ANY BERLAND BE	its, write RURAL and give nearest town) 3.7 oth occurred: ITAL 3.7	State MARY LAND. County A LIFE LTAN Y City or town CUMBERTAN D. (If outside city or town limits, write RURAL and give nearest to Street Mol 56. BEBFORD STREET (If rural, give LOCATION)	town)
PUL	LIAM, BA	BY BOY B.(a)Single, married, widowed, or divorced	More	
MALE	S. Color or race WHITE	SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH	223 p
6.6) Name of husband or 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeors 10. Usual occupation	FEBRUAR Months Months Complete (Town, control of the control of		and that I last saw h. I.M. alive on Feb. 23 Immediate cause of feath Peruaturif (26 w2265 qe station) Due to. Due to.	19.46
E III III	W. VA.	LIAM E.	(2 1.1.1 and a side of death)	
15. Birthplace 18. Informact 4	W.VA. m.E. Pu Bedford removal. Which?) Zian Ma	Hell Iliany 1 St. Date thereof Convard 25, 194 (month) y(day) (year) morial Park	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistics. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	stically.
1B. Funeral director	John J	Hofee	Meons of injury 23. SIGNATURE of M. D. or ot	

PLEASE

(Date rec'd by registrar)

MAR 5 1946
BUREAU VA

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/	8.6	10
	W.	100
1		4
	-	C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bray

	IE OF DEATH Reg. Dist. No.
CountyLuke City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State WVa. County Mineral City or town Keyser (If outside city or town limits, write RURAL and give nearest town) Street No. 33 Armstrong St. (If rural, give LOCATION) 2.(a) If veteran, name war.
Bertie Blanche Reel	3. (b) Social Security Number
4. Sex Female S. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Feb. 20, 1946, 31 6.35P,
6.(b) Name of husband or wife. Vause Reel 7. Birth date of deceased (mo., day, yr.) April 3, 1895 a years	21 128TIFY that death occurred on the date above states: that I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months 10 ays If less than one day 17 min. 8. Birthplace Elk-Garden-Mineral-W.Va. (Town, county, and state) House-Wife	Due to the state of death DURATION Due to the state of death DURATION
10. Usual occupation	Other conditions Other condit
16. Informant Vause Reel Address Keyser, W. Va.	Autopsy results
(Burlal, cremation, or removal, Which?) Cemetery or crematory, Queen's Point emetery Location Keyser, W. Va. Ida 18. Funeral director. Ellsworth Sa Boal	Accident, suicide, or homicide
Address Westernport, Md. 19 H. 23 18 H. Of Garanta Ray Mr.	23. SIGNATURE SQUEETHE SEATON M. D. or other

SMED 325 11: ETRIE ALPAU W.M.

Within corporate limits over 2 MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) City or town. How long in above place of death? 55 ULO Hospital, institution, or street address, where death occurred: (If rural, give LOCATION) information of death clea How long in hospital or institution? 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex BINDING 19 46 at 1:35 Am 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) if less than one day 8. AGE: RESERVED 10. Usual occupation. MARGIN 11. Industry or business 12. Name.... 13. Birthpiace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... 15. Birthpiace PLAINLY, Is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (State) (City or town) (County) injured at home, farm, industry, public place (where?) injured at work? Meens of Injury 1B. Funeral director. Address 23. SIGNATURE M. D. or other

Registrar

(Date rec'd by registrar)

RECEIVED

FEB 12 1946 .

BUREAU

correct age

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, vis especially

WRITE

PLEA SE

S

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-1

01245

8. AGE: Years Months Bays If less than one day 70 10 27 hrs. min. 9. Birthplace Hyndman, Penna. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name Phillip Clites 13. Birthplace Penna.	CERTIFICA	ALE OF DEATH Reg. Dist. No.
Clify or town. Cumberland Clify or town. Cumberland Clify or town. Cumberland County. Allegany Clify or town. Cumberland C	Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town. (If outside the or town limits, write RURAL and give nearest town) How long in above place of defity. If years Hospital, institution, or striper address where dealed occurred: How long in hospital or institution? 3. (a) FULL NAME HANNAH 4. Sex 5. Color or race Female White Widowed 6.(b) Name of husband or wife. John Thomas Rice 7. Birth date of deceased (mo, day, yr.) 8. AGE: Years Months Days If less than one day 70 10 27 hrs. min. 9. Birthplace. (Town, county, and state) Housewife 11. Industry or business 12. Name Phillip Clites Other conditions. Other conditions. Other conditions. Other conditions.	Cumborland	Manyland
Street No. Al South Street	City or town	Cumbonland
Street No. 41 South Street (If roral, give LOCATION) 3. (a) FULL NAME HANNAH 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced White Widowed 5. (b) Hame of husband or wife John Thomas Rice 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7C 10 27 hrs. min. 9. Birthplace Hyndman, Penna. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Hame Phillip Clites Other conditions Other conditions Other conditions Other conditions	How long In above place of death 15 years	(If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution? 3. (a) FULL NAME HANNAH 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Widowed 6. (b) Name of husband or wife. John Thomas Rice 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 70 10 27 hrs. min. 9. Birthplace Hyndman, Penna. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name. Phillip Clites Other conditions Other conditions Other conditions Other conditions Other conditions	Hospital, Institution, or street address where death occurred:	Street No. 41 South Street
3. (a) FULL NAME HANNAH 4. Sex 5. Color or race Female White Widowed 6. (b) Name of husband or wife John Thomas Rice 5. Color or race Female White Widowed 6. (c) Hallve, give age Security Number MEDICAL CERTIFICATION 19. Ho., 21 20. DATE OF DEATH 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 20. DATE OF DEATH 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 19. Ho., 21 19. Ho., 21 19. Ho., 21 20. DATE OF DEATH 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 19. Ho., 21 20. DATE OF DEATH 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 19. Ho., 21 20. DATE OF DEATH 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 19. Ho., 21 21. I CERTIFY, that death occurred on the date above stated; that I attended decea		(If rural, give LOCATION)
4. Sex Female White Widowed 6.(b) Hame of husband or wife John Thomas Rice 8.(c) If allve, give age years deceased (mo, day, yr.) 8. AGE: Years Months Days If less than one day 7C 10 27 hrs. min. 9. Birthplace Hyndman, Penna. (Town, county, and state) 11. Industry or business 12. Name Phillip Clites 13. Birthplace Penna. 14. Sex MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. DATE OF DEATH 21. ICERTIFY, that death occurred on the date above stated; that I attended deceased from 21. ICERTIFY, that death occurred on the date above stated; that I attended deceased from 25. 19. 19. // John 20. DATE OF DEATH 21. IcerTiFY, that death occurred on the date above stated; that I attended deceased from 21. Indiana and that I last saw h. John 19. // John 20. DATE OF DEATH 21. IcerTiFY, that death occurred on the date above stated; that I attended deceased from 21. Indiana and that I last saw h. John 21. Indiana and that I last saw h. John 22. John 23. John 24. John 25. John 26. John 26. John 27. John 27. John 28. John 29. John 20. DATE OF DEATH 21. IcerTiFY, that death occurred on the date above stated; that I attended deceased from 21. John 20. DATE OF DEATH 21. IcerTiFY, that death occurred on the date above stated; that I attended deceased from 29. John 20. DATE OF DEATH 21. IcerTiFY, that death occurred on the date above stated; that I attended deceased from 20. DATE OF DEATH 21. Indiana and John 20. DATE OF DEATH 21. Indiana an		2.(a) If veleran, name war
Female White Widowed 6.(b) Name of husband or wife John Thomas Rice 7. Birih date of deceased (mo., day, yr.) 28 March 1875 8. AGE: Years Months Days If less than one day 7C 10 27 hrs. min. 9. Birthplace Hyndman, Penna. (Town, county, and state) 10. Usual occupation. Housewife Due to. 11. Industry or business 11. Industry or business 12. Name Phillip Clites 13. Birthplace Penna. Other condilions 14. Other condilions 15. Other condilions 16. Other condilions	thema Cather	me disc
6.(b) Name of husband or wife	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Birth date of deceased (mo., day, yr.) 28 March 1875 8. AGE: Years Months Days If less than one day 70 10 27 hrs. min. 9. Birthplace Hyndman, Penna. (Town, county, and state) 10. Usual occupation. Housewife Due to. D	Female White Widowed	20. DATE OF DEATH. # 15 95 19 46,21 6A
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 70 10 27 hrs. min. 9. Birthplace Hyndman, Penna. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business E 12. Name Phillip Clites 13. Birthplace Penna.	6.(b) Name of husband or wife. John Thomas Rice	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7C 10 27 hrs. min. 9. Birthplace Hyndman, Penna. (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Phillip Clites 13. Birthplace Penna.	6 (c) If all ve. give age ve	200 19 43, to Fr. 200, 19 46
8. AGE: Years Months Days If less than one day To 27 Months Days If less than one day To 27 Months Days If less than one day To 27 Months Days If less than one day To 27 Months Days If less than one day To 27 Months Days Days	7. Birth date of 20 March 1075	and that I last saw har allye on 52 50 23 30 19 40
70 10 27 hrs. min. 9. Birthplace Hyndman, Penna. 10. Usual occupation. Housewife 11. Industry or business Example Penna. Other conditions	abounded (most day), 142	Immediate cause of death
9. Birthplace Hyndman, Penna. (Town, county, and state) 1D. Usual occupation. Housewife 11. Industry or business 12. Name Phillip Clites 13. Birthplace Penna.		of the state of th
(Town, county, and state) 1D. Usual occupation. Housewife 11. Industry or business E 12. Name. Phillip Clites 13. Birthplace Penna.	Hyndman Penne	Troubled as him 5 The
Housewife 11. Industry or business 12. Name Phillip Clites Die to	(Town, county, and state)	Due to.
11. Industry or business 12. Name	Housewife	
12. Name Phillip Clites 13. Birthplace Penna.	11. Industry or business	Due to
₹ 13. Birthplace Penna.		Other conditions
	13. Birthplace Penna.	Ther conditions
		(Include pregnancy within 3 months of death)
Najor findings of operations.	Down a	, Major findings of operations.
		Dale of op
16. Informant John R. Rice Antopsy results.	10. into mant.	
Address 41 South St., Cumberland, Md. PHYSICIAN: Please underline the cause to which death should be charged statistically.	Address 41 South St., Cumberland, Md.	
Burial Date thereof 28 FEB 1946 22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) (month) (day) (year)	(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Hyndman Cemetery, Hyndman, Pa, Where did injury occur?	Cemetery or crematory Hyndman Cemetery, Hyndman, Pa	Where dld injury occur?
Location Hyndman, Penna. Injured et home, farm, industry, public place (where?)	Location Hyndman, Penna.	Injured et home, farm, Industry, public place (where?)
18. Funeral director Louis Stein, Inc. Means of Injury Injured at work?	18 Funeral director Louis Stein. Inc.	Means of Injury Injured at work?
Address Cumberland, Md.		The fussion
23, SIGNATURE	AUDIESS CAMPOLIANA MAC	23. SIGNATURE
19. Jet 27 19. 46 J. Sanklein M. A. (Date rec'd by registrar) Registrar Registrar	19. Set 1 1946 J. Y. Mankley, M.	



Within corporate limits SCHENDLER

information care of death clearly

every item of ite the causes

LAINLY, WITH UNI especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01246

CERTIFICAT	E OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County ALLEGANY City or town. CIMBERLAND, MARYLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Years. Hospital, institution, or street address where death occurred: Memorial Hospital How long in hospital or institution? 1 day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND, County ALLEGANY City or town MT SAVAGE (If outside city or town limits, write RURAL and give nearest town) Street No. MT SAVAGE, MD., (If rural, give LOCATION)
3 (a) FILL NAME.	3. (b) Social Security Number

CLARA E. MRS. 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FEBRUARY 21, 19 46 1 12:55 FEMALE WHITE MARR IED 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.) 8. AGE: 65

10. Usual occupation..... 11. Industry or business 12. Name....... 13. Birthplace WILHELM, JAMES PENNA.

14. Malden na 16 Informant Charles G. Rizer Old Row, Mt. Savage, Md. Burial 24 FEB 1946

Date thereof..

14. Malden name FISKNER EMMA

PENNA.

Cemetery or crematory Pala Alto Cemetery Near Hyndman, Penna.

18. Funeral director Louis Stein, Inc. Cumberland, Md.

(Burial, cremation, or removal, Which?)

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Where did injury occur?(City or town)

Injured at work? Meens of Injury

Injured at home, farm, Industry, public place (where?)

VS-A15

MARGIN RESERVED FOR BINDING

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FEB 26 1946

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CERTIFICATE OF DEATH Reg. Dist. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city of town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest hown) How long in above place of death?... Hospital, institution, or street address wirere leath occurred: clearly (If rural, give LOCATION) information How long in hospital or institution? death 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Golor or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 2D. DATE OF DEATH item caus 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: Months Days 9. Birthplace ... 1D. Usual occupation. 11. Industry or business 13. Birthplace important. (Include pregnancy within 3 months of death) Major findings of operations ... 2 15. Birthplace PLAINLY, V PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Date thereof. Accident, suicide, or homicide..... Where did Injury occur? (County) Cemetery or crematory (City or town) injured at home, farm, industry, public place (where?) Injured of work? Means of Injury 1B. Funeral director. Address 23. SIGNATUR

BINDING

MARGIN RESERVED FOR

(Date rec'd by registrar)

RECUIT FT

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH ENF. is especially important.

WRITE

PLEASE

9.45.15M

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

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Di	ıt.	No.			 l

	Neg. Diate Womaningham
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County AII HGANY	(For newborn infants give residence of mother) State MARYLAND County ALLEGANY
City or town	State MARYLAND County ALLEGANY CUMBERLAND
How long in above place of death?	City or town
Hospital, institution or street address where death occurred:	Street No. 323 ARCHST.,
Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? 6 HOURS	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
BABY BOY ROBERTSON, Raymone	L Charles none
4. Sex 5. Color or race 8.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE Suale	20, DATE OF DEATH. FEB. 16. 19.46
	21. I CERUEY that death occurred on the date above stated; that tattended deceased from
6.(b) Name of husband or wife	
7. Birth date of	years and that I last saw h. An alive on 19. 14. C
deceased (mo., day, yr.) FEB 16 1946	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Prema Cerre
6hrs.	min.
9 Birthplace CHMBERLAND MARYLAND	Que to.
9. Birthplace	Due to
10. Usual occupation	Due to.
11. Industry or business	Due 10
	Dther conditions.
12. Name MILLARD ROBERTSON 13. Birthplace MD.	
H TIATITO TITT	(include pregnancy within 3 months of death)
14. Malden name HALLIE HILL. S. 15. Birthplace MARYLAND	Major fiadings of operations.
2 15. Birthplace MARYLAND	
16. informant Memorial Rospilal	Aetopsy results
Address Geneberland, Md.	PHYSICIAN: Please anderline the caose to which death should be charged statistically.
Promotion 20 17 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Eurial, cremation, or removal. Which?) Date thereof (month) (day) (year	
Gemetery or crematory Memorial Rosp.	Where did injury occur?
Cumberland Md.	injured at home, farm, industry, public place (where?)
Location	Meens of injury injured at work?
18. Funeral director. Same	11/100
Address	- Woodver
19. Feb. 17, 1946 J. P. Draubhi, M	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	strar Address Date signed

FEB 26 1946
BUREAU V.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

01249

					2 01 22	Reg. Dist. No	.4
1. PLACE OF DE	ATH: egany				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
			State Maryland Course Cumberland (If outside city or town limits				
Hospital, Institution, or	street address where comorial H	eath occurred:	1	S	Street No. 207 Offutt (If rural) give	Street LOCATION)	
3. (a) FULL NAMI					1	3. (b) Social Security Nur	mber
D 1	Boy Ro	hinet:	to Juan	Ric	ardo	none!	
4. Sex	5. Color or race		, married, hydowed, or divorce			ERTIFICATION	
Male	White		Single		20. DATE OF DEATH February 9		3:20P
	or wife) If alive, give age	years	21. I CERTIFY that death occurred on the date abo	ove stated; that attended deceased	from
deceased (mo., day,)	m.) Februa	ry 9,	1946		Immediate cause of death	1/10/	DURATION
8. AGE: Years	Months	Days	if less than one day A. hrs.	.5 min.			
9. Birthplace	Now	d, Marcounty, and a	ry a nd		Due to		
11. Industry or busines 12. Name			e		Other conditions		
14. Maiden name	Jesusi Phill		urado		(Include pregnancy within 3 a		
	<u>lemorial</u> Cumberlan		tsl ryland		Astopsy results		istically.
17 Chem	atton, or remofil Which?)		of Hope day?	(year)	22. VIOLENCE: tf death was due to external cau Accident, suicide, or homicide	(County) (S	
18. Funeral director Address	Sam				Means of Injury 23 SIGNATURE DAY	Injured/at work?	ml

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FEB 12 1946

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 726)

01250

CERTIFICATE OF DEATH

		CERTIFI	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
			DEBINA SOMEDSET
City or town(If ou	itside city or town lin	hits, write RURAL and give nearest town	n) City or town. BARIATING PA. (If outside city of town limits, write RURAL end give nearest town)
How long in above place of Hospital Institution, or s	ot death?	eath acontrol /	
nemo	rul H		Street No. 300 MAIN ST a.g. ((froral, give LOCATION)
How long in hospital or	institution?	23 DAYS	2.(a) If reteran, name war
3. (a) FULL NAME			3. (b) Social Security Number
ELIZAB.	THE RESERVE THE PERSON NAMED IN	STLER	Mone
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE	WHITE	MIDOMED	20. DATE OF DEATH FAB. 16 1946 at 9:25
# (h) Name of husband o	GEORGI	E SCHELLER	21, JCERTIFY that death occurred on the date above stated; that Lattended deceased from
			Jan 24 1946 10 February 11 4
7. Birth date of	TO TO	1887	and that I last saw help alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr. 8. AGE: Years	Months	Days If less than one day	Immediate cause of death DURATION
58	3	9hrs.	min Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja
		7 1	the contraction of
9. Birthpiace	(Town, c	county, and state)	500 10 autilipartials
10. Usual occupation	Houseu	1 sela	the second of th
11. Industry or business		,	Due 5
		TER	Other conditions
12. Name	PA.		
	LTTA D	OORBAUGH	(Include pregnancy within 3 months of death)
14. Maiden name	PA.	44444444444444444444444444444444444444	Major figdings of operations.
		T A mT C D Tm A T	Orandes of Reference Date of op. 129
		HOSPITAL	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address C	UMBERLANI	-	A TAXALLERICE At death was due to external sources. All in the tollowing:
17 Rosson	or removal, Which?)	Date thereof 2 - (9 ~ 46 (month) (day) (yes	Accident, suicide, or homicide
	7 10 1	F. Clark	Where did injury occur?
Cemetery or cremator	5 11	. ()	
Location	Since	19	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	11.4- /	Toman	Means of Injury Injured at work?
Address	Berk	un ta.	I Illlistan hen
2-16-	41	OP Haubli M	23. SIGNATURE. M. D. or other
(Date rec'd by reg	76 . 19	Re	egistrar Address Ginbuland M. Date signed 2:16

FEB 20 1945

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PERASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01251

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Thomas Edward Smith	3. (b) Social Security Number 167-05-3905
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Married Married Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. F. C. L.
7. Birth dats of deceased (mo., day, yr.) November 11, 1913 8. AGE: Years Months Days If less than one day 32 2 26	Immediate cause of death DURATION COPONARY Occlusion
9. 6irthplace Attacq'e Hilegrany Car Pa (Townstounty, and state) 10. Usual occupation Pet 2012 Electric Co. 11. Industry or business Helly Springfield Tive Co. 12. Name Handel Jimit 1 13. Birthplace England 14. Majden name Attachia Prescott	Due to
15. Birthplace England 16. Informant Daris M. Smith	Major findings of operations. Bate of op. Autopsy results. NO AUTOPSY PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17. Burial Date thereof Espain (month) (dat) (year) Cemetery or crematory Chartiers Cemetery County (dat)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director John James Color of the Co	Injured at home, farm, industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE M. D. or other Cumberland, Maryland Date signed 2-7-46

FEB 12 1946

MARYLAND STATE DEPARTMENT OF HEALTH

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correct age utilities	2411 N. Cha	DEPARTMENT OF HEALTH Arles St., Baltimore 3 ATE OF DEATH Reg. Dist. No. 4
carefully. The	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Marvland county Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 711 Gephart Drive (If rural, give LOCATION) 2.(a) If veteran, came war.
informati of death	3. (a) FULL NAME Arthur Hubbard Stull 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	3. (b) Social Security Number 705-10-4496 MEDICAL CERTIFICATION 20. Date of Death Feb. 10, 19. 46, at 1:15 Pm
ARGIN RESERVED FOR BII FADING INK, Supply every i Physicians: please write the	6.6) Name of husband or wife. Catherine McGady 7. Birth date of deceased (mo., day, yr.) July 25, 1882 8. AGE: Years Months Days It less than one day 63 6 16	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.1. I and that I last saw h. a. M. alive on
VS A15 PERASE WRITE PLAINLY, WITH UNI	13. Birthplace Maryland 14. Malden name. Cora Hubbard 15. Birthplace Maryland 16. Informant Mrs. Catherine Stull Address 711 Gephart Dr. Cumberland, Md. 17. Burial 18. Feb. 12,1946 (Burial, cremation, or removal. Which?) Cemetery or crematory S.S. Peter & Paul Cem. Cumberland, Md. 18. Funeral director Charles L. George Address Cumberland, Md. 19. Moderner'd by registrar) 19. Moderner'd by registrar)	(Include pregrancy within 3 months of death) Major findings of operations. Date of op. 10. 2. 1. 4. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. Date signed 2. 1. 4.6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Biff

CERTIFICATE OF DEATH

Reg. Diat. No. 6

1. PLACE OF DEL County	Cany We sterno utside city or town it of death? street address where	nt mits, write R yrs.	•••••••••••••••••••••••••••••••••••••••	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
Male	White		Single	20. DATE DE DEATH Jel 3 1946	12:30 P.		
6.(6) Name of husband		6.(6) If alive, give ageyears	21. LCERTIFY that death occurred on the date above stated: that lastended dece 19.4 to 7.4 and that I last saw h 20.4 alive on 7.4 3.4	3 19 4 6 19 4 6		
8. AGE: Years	Months	Days	If less than one day	Impediate cause of depth beaut former	2 mo		
9. Birthplace Ke	roon Kin	8 - 1 - 2		100			
10. Usual occupation 11. Industry or business 12. Name	Gasoline	Stat	ion Operator ts	Due to			
14. Malden name	Mabel	Bowma	n	(Include pregnancy within 3 months of death) Major findings of operations.			
	Greenlan			Major Indiugs of operations. Date of op.			
	rs. Leo		<u> </u>	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged			
	lesternpo		D-1- C 1040	and all out the state of the st	etadoucauy,		
17. Rurial Rurial (month) (day) (year)				Accident, suicide, or homicide			
Cemetery or crematory Philos				Where did injury occur? (City or town) (Connty)	(State)		
Location Westernport				Injured at home, farm, Industry, public place (where?)			
18. Funeral director Ellsworth S. Boal				Means of Injury Injured at work?	700		
Address Westernport, Maryland. 19. 94.5 19 46 GEagenbaker Microsoft (Date ree'd by registrar) Registrar					M 10 - 1986		

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FEB 7 1946
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

Outside (Alfred Fone's MARYLANI	D STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (8)	01254
CITYMENTS	CER CER	RTIFICATE OF DEATH	Reg. Dist. No.
information carefully. The confident clearly and legibly.	1. PLACE OF DEATH: County	City or town	its, write RURAL and give nearest town)
mati	3.(a) FULL NAME Means Total		3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, Female White Marrie	H	CERTIFICATION 19.46
R BIN	8.(b) Name of husband or wife	0 14	726 10 726 3 10 46
Supp	8. AGE: Years Month Days If less than one 56 4 15	min. Cerebral Leurone Due to	DURATION 3 w/s
MARGIN RESER UNFADING INK.	to. Usual occupation	Due to	
WITH U	14. Malden name. Carrie Melson 15. Birthplace Pendleton Co. W	(Include pregnancy within :	Date of op
PLAINLY,	Address Roule 3 - Curberland 17. Gural, cremation, or removal. Which?) Dale thereof. Household (month)		which death should be charged statistically. auses, fill in the following; Dale of
9.45-15I	Comelery or crematory Teles Consellor Location Mean Bownsus add	Where did injury occur?	
VS A15	Address Limberton	23. SIGNATURE OF THE T	Jones M. D. or other
D 4	(Date rec'd by registrar)	Registrar Address 122 Ded ford a	4. Date signed 2-6-46

FEB 12 1946
BURFAU V

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 98-2

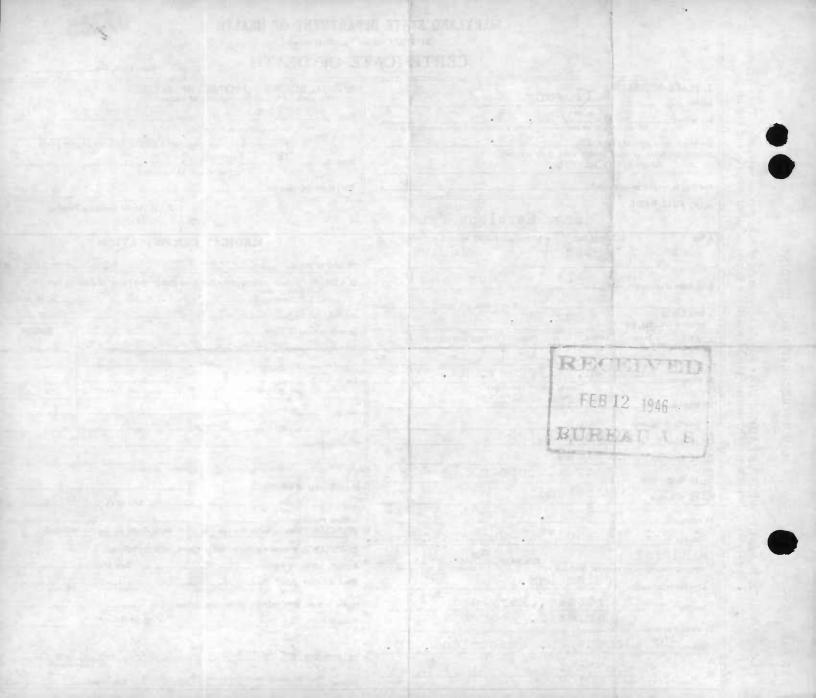
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	4
Reg. Dist.	No

Ma Date signed 2 - 7 - 46

Hospital, Institution, or	Allegi Cumberla atside city or town lin of death?	nd Memits write R 6 Yr:	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. 921 Glenwood St. (If rurai, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number				
			rison Twigg		None			
4. Ser Male	5. Color or race White	6.(a)Single	, married, widowed, or divorced Widowed	MEDICAL CE	RTIFICATION	6:159		
6.(6) Name of husband or wife. Lillie Bucy 5. (c) If allve, give ageyears 7. Birth date of				21. I CERTIFY that death occurred on the date above	e stated; that I attended decea	sed from		
7. Birth date of deceased (mo., day, yr		. 27,	1861	0 //				
8. AGE: Years 84	Months 5	Days 10	If less than one day	Immediate Canada death	cordilis	DURATION 2 4		
9. Birthplace Oldtown, Allegany, Md. (Town. county, and state) Retired Farmer 10. Usuar occupation Retired Farmer				Due to	lesses	5 y		
12. Name	Maryland			Dther conditions		*****************************		
14. Malden name 15. Birthplace	Nancy A. Maryla		own	(Include pregnancy within 3 mo		••••••••••••		
16. Informant Thurman A, Twigg				Antopsy results		•••••••		
Address 921 Glenwood St. Cumberland, Md. Burial Burial Burial Burial Burial Burial Burial Cemetery or crematory. Twigg Cem. No on Oldtown Month and				22. VIOLENCE: If desth was due to external causes, fill in the following; Accident, suicide, or homicide				
Location Near Oldtown, Maryland Charles L. George 18. Funeral director.				tiglured at home, farm, industry, public place (whe	Injured st work?			
Address 202 Greene St. Cumberland, Md. 19. John 9 19 46 J. Sauklin M.A. (Hate ree'd by registrar) Registrar				23. SIGNATURE GOV OF	M. D. e	7-7-4/		

VS A15



information carefully. The cof death clearly and legibly.

every item of

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

01256

Within corporate limits
DR. G. H

1. PLACE OF DI
County. ALLE DR. C.L. DURRETT CERTIFICATE OF DEATH Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: COUNTY ALLEGANY County ALLEGANY MARYLAND CUMBERLAND 1. (If outside city or town limits, write RURAL and give nearest town) CUMBERLAND How long In above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 1209 VIRGINIA MEMORIAL HOSPITAL (If rural, give LOCATION) How long in hospital or institution? 10 3 HOURS 3. (a) FULL NAME 3. (b) Social Security Number MRS. KATHRYN. S. WHISNEY 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FEMALE WHITE MARRIED 20, DATE OF DEATH FEBRUARY 11 19 46 at 3:30 A 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 8.(b) Name of husband or wife DAVID E. WHISNER Frat. 10, 1946 10 Fat- 1/ 19 46 deceased (mo., day, yr.) Days 8. AGE: 38 MARYLAND (Town, county, and state) HOUSEWIFE 10. Usual occupation..... 1f. Industry or business 12 Name YOST, JOHN, W. WEST VIRGINIA (include pregnancy within 3 months of death) H 14. Maiden na L 15. Birthplace CLAY. ELLA 14. Maiden name..... Major findings of operations..... MEMORIAL HOSPITAL PHYSICIAN: Please underline the cause to which death should be charged statistically. CUMBERLAND. MD. Address 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 23. SIGNATURE

PLAINLY especiall



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8320

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01257

CERTIFIC	ATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOMI (For newborn infants give residen State	County Co
3.(a) FULL NAME Clay Wilso		3. (b) Social Security Number
4. Sex Sex Se	20. DATE OF DEATH. FRANKLASS 21. I CERTIFY that death occurred on the da 25. and that I last saw h	
16. informani Usa Claud Wilson Address 3 Samont Sto Cumb Michael Store Cumb Michael Manusole Cometery or crematory Mose the Manusole Manusole Michael Mi	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	to which death should be charged statistically. nal causes, fill in the following: Date of

RECEIVED,
FEB 26 1946
BUREAU VS

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information of death clea

FOR BINDING

RESERVED

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9401

CERTIFICATE OF DEATH

State Maryland

2D. DATE OF DEATH

3	OF DEATH	Reg. Dist. No.
2.	USUAL RESIDENCE (HOME) ((For newborn infants give residence of	

Allegany

705-05-8153

01258

1. PLACE OF DEATH: County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 40 years Hospital, Institution, or street address where death occurred: 1002 Lexington Avenue How long to hospital or institution?..... 3. (a) FULL NAME William Lawrence YOST

1002 Lexington Avenue (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number

21. I CERTIFY that death opporred on the date above stated; that I attended deceased from

MEDICAL CERTIFICATION

Cumberland

County

(If outside city or town limits, write RURAL and give nearest town)

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Divorced Ethel Branson 6.(b) Name of husband or wife.

4 May 1896 deceased (mo., day, yr.) Years Months It less than one day 8. AGE: 49 8 28

9. Birthplace Martinsburg, West Virginia. Clerk

11. Industry or business B & O Railroad John William Yost

10. Usual occupation....

18. Funeral director

14. Maiden na 15. Birthplace 14. Maiden name Ellen E. Clay West Virginia.

13. Birtholace West Virginia.

Samuel A. Yost Address 1002 Lexington Ave., Cumberland. Md.

17 Burial
(Burial, cremation, or removal, Which?) Date thereof 5 February 1946 (month) (day) (year) Cemetery or crematory Hillcrest Burial Park Cumberland, Maryland. Location

Address

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, titl in the tollowing:

(Include pregnancy within 3 months of death)

Accident, suicide, or homicide...... Where did injury occur?(City or town)

injured at home, tarm, industry, public place (where?)

Means of Injury

Registrar

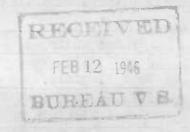
Cumberland, Maryland.

Louis Stein, Inc.

PLAINLY

WRITE

PLEASE



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequentially important. Physicians: please write the eauses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (370)

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... Dato signod. 2

		7.4	CERTIFICAT	TE OF DEAT	ГН	Reg. Dist. No	4
How long in above piaco o Hospital, Institution, or s 1038 Myri	Derland Laide city or town hi f death? Life treet addross where tle Stree	mits, write R doath occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 1038 Myrtle Street (If rural, give LOCATION) 2.(a) If voleran, name war.			
3. (a) FULL NAME	HARR	Y D. Y	OUNG			3. (b) Social Security 298-03-6024	
4. Sox Male	5. Color or race White	1	e, married, widowed, or divorced Vidower	2D. DATE DF DEATH		RTIFICATION 11, 1946	,at 8 Pm
8.(b) Name of husband or 7. Birth date of deceased (mo., day, yr. 8. AGE: Years	Octobe	r 24.	e) If allve, give ageyears	and that I last saw has	Mallye on Fel	ro stated; that I attended dece	19 46
10. Usual occupation	Bricklaye	er	hrs. min.	Due to		0. 1.1	
12. Name William D. Young 13. Birthplace Cumberland, Maryland 14. Malden name Anne McKee Young 15. Birthplace Cumberland, Maryland 16. Informani Harry W. Young				Major findings of opera		Bate of op	
Address 1038 Myrtle Street, Cumberland, Md. 17. Burial Date thereof 2/14/46 (Burial, cremation, or removal. Which?) Cemotory or crematory Rose Hill Cemetery				PHYStCIAN: Please was 22. VIOLENCE: If death Accident, suicido, or hom	h was due to oxtornal caus	ich death should he charged	
Location Cumberland, Md, 18. Funeral director. William H. Kight Addross, Cumberland, Maryland 19. Jelle 14, 1946 J. Planklin M. A. Registrar Registrar				Injured at home, farm, In Meens of Injury 23. SIGNATURE	Mestry, public place (wh	06	or other 2/46

